2411 N. Charles Street, Baltimore

Reg. Dist. No.

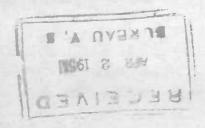
CERTIFICATE OF DEATH

7					
1. PLACE OF DEAT COUNTY	TH.		STATE	(HOME) OF DECEASED.	NTY
	Allegany	MARYLAND	Maryl		
OR give neares	corporate limits, write RUR ostburg	AL and LENGTH OF STAY	OR Barre	orate limits, write RURAL and alville, RFD M	t. Savage
HOSPITAL OR		pital	STREET ADDRESS	(If rural, give location	1)
3. NAME OF DECEASED (Type or Print)	(First) JULIA	(Middle) E. A	ABUCEVICZ	4. DATE (Month) OF March	24, 1951 ₁₉
5. sex Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 3/20/1882	9. AGE last hirthday If un Mon	der 1 year If under 24 hr tha. Days Hours Min
done during most of	PATION (Give kind of work verking life, even if retired)	INDUSTRY HOME	Wilno, Russ		12. CITIZEN OF WHAT
13. FATHER'S NAM	Unknow	n	14. MOTHER'S MAIDE Unknown		
	EVER IN U.S. ARMED FORCES (If year, give war or dates service)		Mrs. R.E.Me	address Mt. Sav	age, Md.
I. DISEASES OR C	onditions directly te cause (a)	LEADING TO DEATH OFFICE Cho	lecystitis		INTERVAL BETWEEN ONSET AND DEATH
584X Diseases or	ent cause(s) conditions, if any, to the above cause	Lau Ptones		3	1 By lar
/ 6 stating the	underlying cause last	Druse adhision	no beliver To	elltelalder au	1 19 lovor
Conditions contrib	TICANT CONDITIONS nuting to the death but not ase or condition causing deat	ih.	Large	Intestine	non
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hldg., etc.) JRY	(CITY OR	TOWN) (COUN'	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	While at Not While Work At mork	HOW DID INJURY O	CCUR?	
alive on SIGNATURE	am E. M.	d that death occurred at (Degree or title) Rely M. D.	ADDRESS m., from the ADDRESS ma Deorge h	,	est saw the deceased estated above. DATE SIGNED 2/24-195/
23. BURIAL, CREM REMOVAL, (Sp. BUI 1 21	cify) 3/29/19	51 Methodist		11.0.	Md.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	ror (icht. Cumberl	and, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



CERTIFICATE OF DEATH

EVAMENTEDS

541506

The correct age M WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE

	, 5	FOR MEDICAL	L EXAMINERS	R	eg. Dist. No	
I. PLACE OF DEAT	LH.		1 2. USUAL RESIDENCE (HOME) OF DECE		
	Allegany	MARYLAND	STATE Md.		AIIe	gany
OR give neares	corporate limits, write RUR.	ural) 3 days	CITY (II outside corpor OR		URAL and giv	e nearest town)
HOSPITAL OR		areay e days	STREET	erland (If rural, gi	ve location)	
INSTITUTION O		rm.	ADDRESS 445 P	ennsylvar	nia Ave	•
3. NAME OF DECEASED	(First)	(Middla)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print) 5. SEX	Wilbur	Summers A	ronhalt	DEATH	March	10 1951
male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specimarried	s. DATE OF BIRTH Aug. 23-1885	CE	day If under Months	year If undar 24 hrs Days Hours Min.
10a. USUAL OCCUI	PATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	1 12	CITIZEN OF WHAT
Retired E	working life, even if retired) ngineer ME	B&O.R.Ry.		7.Va.	lυ	S.A.
			14. MOTHER'S MAIDEN			
Samuel W	. Aronhalt EVER IN U.S. ARMED FORCES	7 1 16. SOCIAL SECURITY NO.	Mary Susan			
(Yes, no, or unknown)	(If yes, give war or dates of	of			W - 40-	7 752
no	(Del vice)	18. MEDICAL CE	Grover Aron	naltison	la va	le,Md.
I. DISEASES OR C	ONDITIONS DIRECTLY					INTERVAL BETWEEN ONSET AND DEATE
Immedia	40 (-)	Acure car	dian failure	due to		at once
U222 Immedia		Acute Car	WIAOI.GIIUI.G.		*** **********************************	S.LULICE
	nt cause(s)	Myocardial de	generation			2
giving rise	to the above cause underlying cause last	CONTRACTOR OF THE STATE OF THE	· (p) # # . #	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	** * * * * ** ********* * ******* * * *	eq q q ee e e unique es que e no <mark>ção</mark> mantidame e es e es-
a cooling the	(6)					
Conditions contrib	ICANT CONDITIONS uting to the death but not					
	ase or condition causing deat ERATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOPSY?
						Yes No 10
21. EXTERNAL CA PRIMARY OR C CAUSE OF DEAT	ONTRIBUTING PLACE OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OC	CCUR?		
22. I certify that	I took charge of the rema	work at work ins described above, held an A	Autopsy Inspection	Inquiry *	hereon and	from the evidence
obtained by sa	id Autopsy, Inspection or	Inquiry, find that said dece	ased died on the day state	ed above, and de	ath in my	opinion resulted
SIGNATURE	i causes 🛪 , accident	, suicide , homicide , (Degree or title)	and termined .			DATE SIGNED
U W Domi	na W D St V	As in many or	tal boolmodus		Manak	70 705-
H.V. Demi	IATION DATE THEREC	OF LNAME OF CEMETE	umberland. Md	LOCATION (City.	town, or count	12-1951 y) (State)
REBUTOST	cify) 3/13/19!	51 N711 Crest	Burial Park	Cumberla	ind, Md	•
DATE REC'D BY			24. FUNERAL DIRECTO	OR		ADDRESS
11asp413,1	1951 mrs. Su	EC. Sinewan	William H. K:	ight, Cum	berlan	d, Md.
	/				-	/ /

VS. A15A

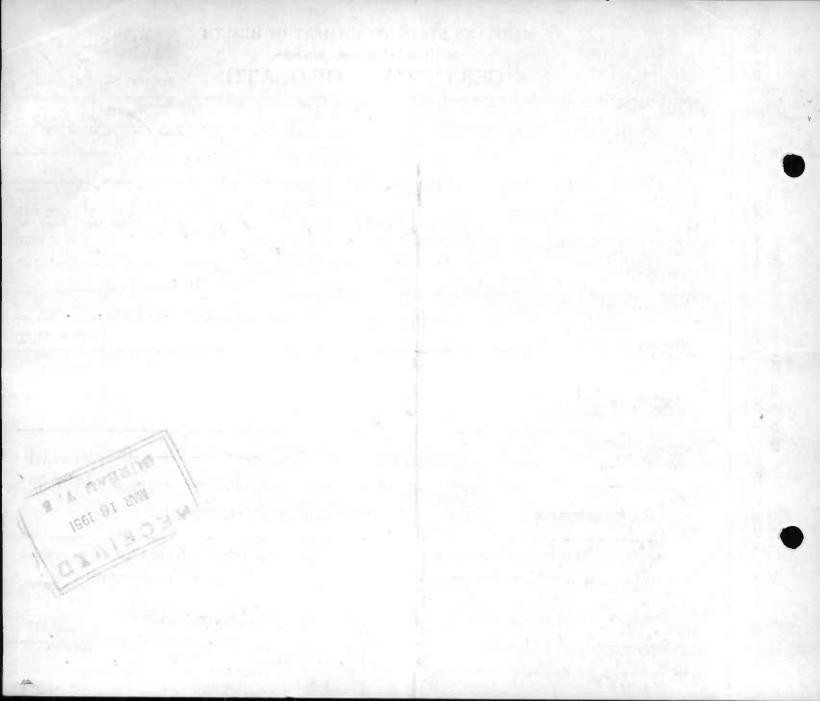


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02102

COUNTY	Allegany	MARYLAND	STATE Maryla	end COUN	Allegany
CITY (If outside OR give neares TOWN	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)		orate limits, write RURAL and	give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDR	OR .		STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	Blanche	(Middle)	(Last) Atkinson	4. DATE (Month) OF DEATH March	(Day) (Year) 6 19 5
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVARGED, (Specify)	8. DATE OF BIRTH Mar 10,1899	yrs.	der 1 year If under 24 hrs hs Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired) WOTK	10b. KIND OF BUSINESS OR INDUSTRY OWN home	11. BIRTHPLACE (State Marylar		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAI	James Atki	nson		n name Clara Brown	
	EVER IN U.S. ARMED FORCES) (If yes, give war or dates of service)		17. INFORMANT Leslie Brode	Frostbu	rg. Md.
I. DISEASES OR C	ONDITIONS DIRECTLY	2	2		INTERVAL BETWEEN ONSET AND DEATH
Antecede Disease or giving rise stating the	ent cause (s) conditions, if any, to the above cause underlying cause last (c)	Hypertensive	Heart d	Pisease	
Conditions contrib	TCANT CONDITIONS outing to the death but not ase or condition causing deat				
19a. DATE OF OPI	ERATION 196. MAJOR R	INDINGS OF OPERATION			Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COUNT	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
(1	tify that I attended the	d that death occurred at	. 40-	e causes and on the date	
Joli	m B. Do	wing M.D.	Troather	gind 3	17/51.
23. BURIAL, CREA	Mar 8,19	51 Frostburg M	emorial Park	LOCATION (City, town, or con Frostburg	unty) (State) Md.
DATE REC'D BY	LOCAL REGISTRAR'S	TO V1 9 1/	M.Eichhorn	Lonaconing	, Md.



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

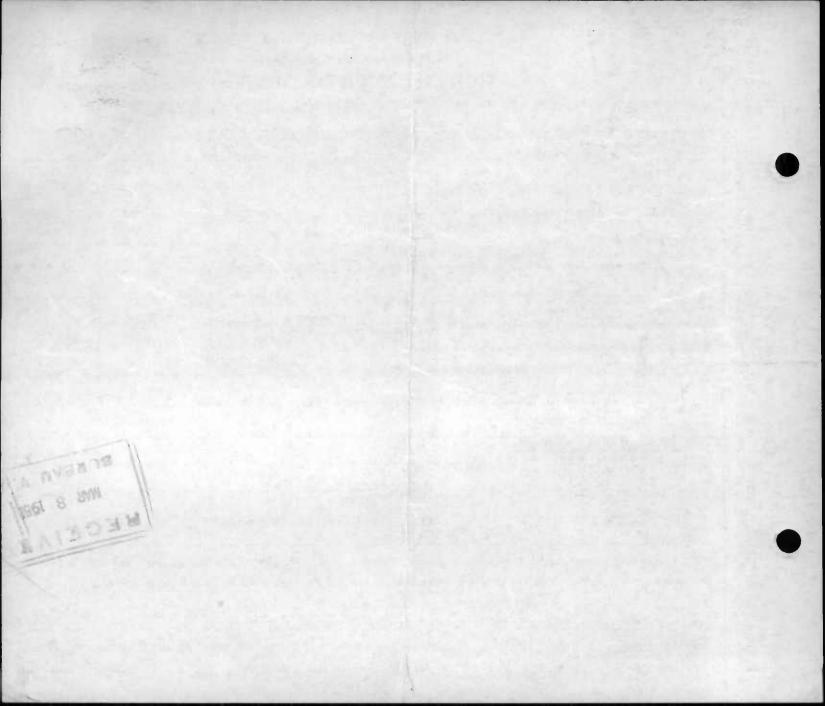
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02103

Reg. Dist. No.....

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND CITY (If outside corporate finite, write CURAL and OR give nearest town) LENGTH OF STAY CITY (If ortside corporate limits, write RURAL and give nearest town) this place) TOWN TOWN HOSPITAL OR STREET (If rup or give location) INSTITUTION OR STREET ADDRESS ADDRESS 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) DEATH 195/ 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year III under 24 hrs. Months | Days | Hours | Min. -22-1872 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even lifetired) 10h. KIND OF BUSINESS OR BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME oar 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Metastatic Carcinione Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? ar curoma No I PLACE (Home, farm, factory, street, OF office bldg., etc.) 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work | 22. I hereby certify that I attended the deceased from 8/2/, 1979, to 3/4, 19.5./, that I last saw the deceased 1951, and that death occurred at 5:30 A.m., from the causes and on the date stated above. alive on </2 SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION NAME OF CEMETERY MOVAL (Specify DATE REC'D BY LOCAL FUNERAL DERECTOR



The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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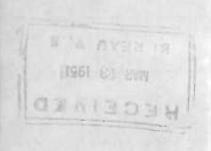
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02104

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTYALL Egany
Allegany MARYLAND	
OR give nearest town) TOWN CUTY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CUNDERLAND	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS 411 N. Centre St.	ADDRESS 411 N. Centre St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Violet Anna Margaret	Barron DEATH Mar. 7. 1951
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWER DIVORCED, (Specify) MATTITED.	8. DATE OF BIRTH 9. AGE iast hirthday II under 1 year II under 24 hrs 11-12-1903 4.7 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country) Cumberland, Md. 12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank J. Forbeck	Lucinda Stott
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, No, or unknown) (If yes, give war or dates of 214-28-6316	Alex Barron Cumberland, Md.
18. MEDICAL (CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
	ONSET AND DEATH
Immediate cause (a)	ieatoris
117%	
Antecedent cause (s) Diseases or conditions, if any, (b)	area of letures i
48 A giving rise to the above cause	
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/26/1950 Carrenain 6) uterus
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE INJURY PLACE (Home, farm, factory, street office bidg., etc.)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from	, 19, to 3/2, 1957, that I last saw the deceased
alive on 3/2 1957, and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or titie)	ADDRESS DATE SIGNED
The 12 horam 4.0. &	Eenhelandu 3/9/51
	Peter & Paul Cumberland, Md. (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 9. 1951 Urnter & Noute, M.D.	Charles L. George Cumberland, Md.



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

02105

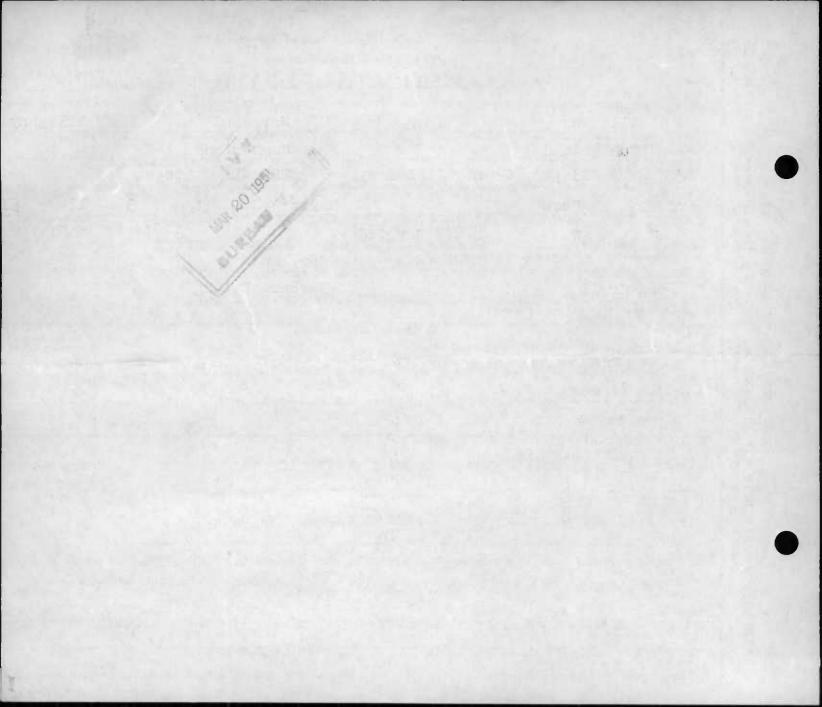
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-		2. USUAL RESIDENCE		COUNTY	V 177 - ~	
Allegany	MARYLAND	Mar,yr			Y Alleg	
OR give nearest town)	URAL and LENGTH OF STAY	OR Clark (If outside corpo		URAL and giv	re nearest tow	n)
Town cive course town and	110 Months	TOWN Cumber				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany	County Infirmany	ADDRESS229 U	(If rural, gi	ve location)		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) ROSE		Bartz	DEATH	3	11	19 5.
6. COLOR OR RACE	T. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Nov 4 1892	9. AGE last birth	day If under Months	Days If und	er 24 hrs.
10a. USUAL OCCUPATION (Give kind of w	ork 10b KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12	CITIZEN OF	
done during most of Hospingdie, even if retire	ed) Industry Visial	Maryland			COUNTRY	A
13. FATHER'S NAME		14. MOTHER'S MAIDE				
John Kroll		Barbara Re	eibig			
15. WAS DECRASED EVER IN U.S. ARNED FOR	CES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
(Yes, no, or unknown) (If yes, give war or da	tes of None	Gladys Bart:	z. Cumber	land.	Md.	
	18. MEDICAL CE				1	
I. DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH	1111			INTERVAL B	ETWEEN
	1	111111			ONBER MAD	DAKER
Immediate cause (a)	my a aarall	as factions	hoted:. o:. o: tttoocc;;;;; - ::		9 /20	O
11/19 V 1-10-13-14(1)	11 11 .	1- /-	2 1	1.	-	
Antecedent cause(s) Diseases or conditions, if any, (b)	An relative mis	artion-Vastul	or neval	It sease	13 000	15
13/ a giving rise to the above cause stating the underlying cause last	//) + + + + + + + + + + + + + + + + + + +		/	
/ 5 / 60 stating the underlying cause last					1	
II. OTHER SIGNIFICANT CONDITIONS					1	
Conditions contributing to the death but n related to the disease or condition causing	ot					
19a. DATE OF OPERATION 19b. MAJO					20. AUTO	PRV?
21. ACCIDENT (Specify) H	LACE (Home, farm, factory, street,	(CITY OR	TOWN	(COUNTY)	(STAT	No [
SUICIDE HOMICIDE	OF office bidg., etc.) NJURY			(000111)	(SIAI	E)
TIME (Month) (Day) (Year) (Hou	r) INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?			
	n. Work At work					
22. I hereby certify that I attended	11. 2	1 2050 - 70,00	11 2051			
1 40 41	/ -	, 1950, to freak	1./, 19, t	hat I last s	aw the dec	eased
alive on helias 7, 195	and that death occurred at	Z from the	causes and on	the date sta	ated above	18 908
SIGNATURE	(Degree or title)	ADDRESS	, 1		DATE SI	
1. 1 th a d Da 101	7. 7.	12 5 Mulas	54	7		150
23. BURIAL CREMAPION DATE THE	PEOP INAME OF CENTERS	DY OR CREMATION	LOCATION (CI		K.12 19	74
REMOVAL (Specify) Mar 14	1951 Memorial P	ark	rostburg	, Md.	(S	tate)
	R'S SIGNATURE	24. FUNERAL DIRECT		k 7	ADDRESS	3
11880h 13 1957 Writes	K. mans. M.D.	William H. F	Kight Cu	mberla	ma, ma	. •

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

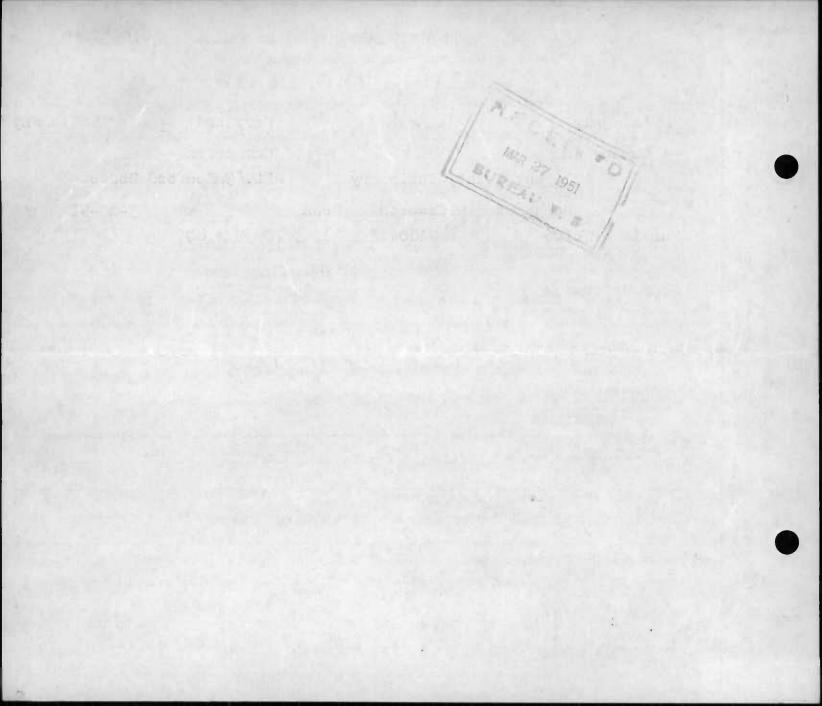
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

OLA!	LILIOILI	D OF D	LIZZ I I.	1 Re	eg. Dist. No	O	
1. PLACE OF DEATH.		2. USUAL RESI			ASED.	V	
COUNTYAllegany	MARYLAND	Mary Land Allegany				gany.	
CITY (If outside corporate limits, write RURAL and LE OR give nearest town) TOWN (UMBER and 3	NGTH OF STAY (in this place) WEEKS	OR TOWN	side corporate Cumbel	limits, write RU	RAL and ri	ve nearest to	wn)
HOSPITAL OR	1100110	STREET	o minoe	(If rural, giv	re location)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County		A TO TO DE DOLD	Rt.#3	Bedford		olk.	
3. NAME OF (First) (Mid DBCEASED (Type or Print) Margaret Eli	_{Zabeth}	(Last) Bean e		4. DATE OF DEATH	(Month)	(Day)	(Year)
5. SEX) 6. COLOR OF RACE 7. SINGLE.	MARRIED, D. DIVORCED, Widowed	8. DATE OF BI		AGE last hirthd	ay If under Months	l year Hu	der 24 hrn.
	OF BUSINESS OR	11. BIRTHPLA				Cimani	Om William
done during most of working life even if retired) Judystry	ome	Cumber	land,	Md.		COUNTRY?	OF WHAT
13. FATHER'S NAME		14. MOTHER'S	MAIDEN N	AME			
John McCormack		Bark	bara Zi	ink			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	L SECURITY No.	17. INFORMAN	T AND AL	DDRESS			
(Yes, no, or unknown) (If yes, give war or dates of service)	ne	Mrs. Ch	as. Bo	slev. C	umberl	and.	Md.
	18. MEDICAL CEI					1	
I. DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH	10.	. 1			INTERVAL ONSET AN	
Immediate cause (a)	mo cara	lial fa	where		* - ** -00 000 00 00 00 000 000 000	100	6
Antecedent cause(s)	de ans	elendris	5			5 4	L3
giving rise to the above cause stating the underlying cause last	1			***************************************	· · · · · · · · · · · · · · · · · · ·	1	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION					20. AUT	PSY?
						Yes 🗆	No IP
21. ACCIDENT (Specify) PLACE (Home, fa SUICIDE OF office bidg., HOMICIDE INJURY	rm, factory, street, etc.)	(0	CITY OR TOY	WN)	(COUNTY)	(STA	TE)
TIME (Month) (Day) (Year) (Hour) INJURY OF While at Work	CCURRED Not While At work	HOW DID IN	JURY OCCU	R?			
22. I hereby certify that I attended the deceased alive on	from F26. 20 th occurred at	ADDRESS, Ceufre RY OR CREMAT	from the ca	Lation (City, tumberia	the date st	DATE S	eceased e. eIGNED 717 (State)
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE		24. FUNERAL				ADDRE	SS
TIBEG. 1 19 TIVISATO, & DON	TM. D.	Widland	U V:	wht Cir	mhanle	M Sec	7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

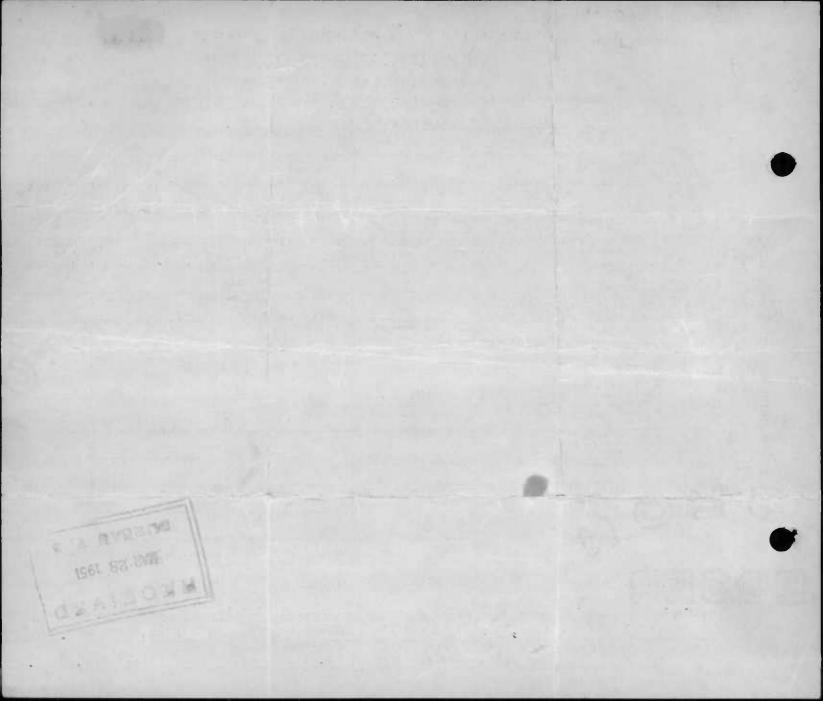
MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No.

70466

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
Allegany, Maryland	STATE COUNTY	r gany
CITY (If our file corporate limits, write KURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN Among 13 Cumber 12nd (in this place)	Town Lonaconing	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR AMULUL STREET ADDRESS Calanasa Corp. of Am	ADDRESS	
STREET ADDRESS Celanese Corp. of Am. 3. NAME OF (First) (Middle)	Jackson St.	
DECEASED	(Last) 4. DATE (Montb) OF	(Day) (Year)
(Type or Print) Robert Anderson F 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	Beeman DEATH March	21 1957
WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under Months	l year If under 24 bra Days Hours Min.
male white (Specify) married	Sept. 6-1901 49 ym.	
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		2. CITIZEN OF WHAT
done during most of working life, even if retired INDUSTRY Laborer in Dye Dept. Celanese Corp. of	Am. I.onaconing Md. U	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Robert Beeman	Janet Beeman	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service) 216-07-2745	Mrs. Jane Beeman	
18. MEDICAL CEI		
	RIIIICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Coronary thrombo	sis with myocardial	Š.
Immediate cause (a) Corenary Unromot		
Antecedent cause(s)		
Diseases or conditions, if any, (b) infarction.	0 , 6- 1	
stating the underlying cause last		
(c)	Died suddenly	
II. OTHER SIGNIFICANT CONDITIONS	1) Lou budgetti	
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No No
PRIMARY OR CONTRIBUTING OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while	HOW DID INJURY OCCUR?	
INJURY m. work at work		
22 I sortify that I took shows of the remains described the selection	* * * * * * * * * * * * * * * * * * *	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decea	nutopsy , Inspection , Inquiry thereon and	from the evidence
from: natural couses , accident , suicide , homicide ,	undstermined ?	opinion resuited
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
11.1		
H.V. Deming M.D. V. Demma M. D. C	umberland, Md. March	21-1951
23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
REMBURIA Precity) Mar 26.1957, Mak Hill Cer	metery Lonaconing,	Md.
DATE REC'D BY LOCAL I RECURRARY S SATURE	24. FUNERAL DIRECTOR	ADDRESS
1120Ech 23, 1951 / XI. Jum 47)	M.Eichhorn Lonaconiu	
	I TIME COLL	TP IVIO



02108

Reg. Dist. No.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0			
he	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
	COUNTY ALLEGANY MARYLAND	STATE PENNSYLVANTA COUNTY	BEDFORD
5:	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
[n]	OR TOWN give nearest to COUMBER LAND 14 7his DAY'S	OR HYNDMAN	
e g	HOSPITAL OR		
d c	INSTITUTION OR MEMORIAL HOSPITAL	ADDRESS SHELLS BURG STREET	/
an	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
ati	DECEASED COLDIE	DTMORAN OF STANCET	30. 1951
ear	(Type or Print) GOLDIE G. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	BINGMAN DEATH MARCH 8. DATE OF BIRTH 9. AGE isst birthday 11 under 1	
of information carefully leath clearly and legibly.	FEMALE WHITE WIDOWED, DIVORCED, (Specify) MARRIED	Months	Days Hours Min.
ath	10s. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
de	done during most of working life, evon if retired) Individual Home	PENNSYLVANTA	CITIZEN OF WHAT
of	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.D.M.
ses lit		PEARL MINNICK	
au	CHARLES KIRCHIMER 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
every item te causes of d	(Yes, no of Onknown) (If yes, give war or dates of More	MEMORIAL HOSPITAL -CUMBERL	AND, MD.
PH	18. MEDICAL CE		,
Suppl		1	INTERVAL BETWEEN
STW	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	Linear Del	ONGET AND DEATH
INK.	Immediate cause (a)	na significa toton	Hear.
INK			
	/53 X Antecedent cause(s) Diseases or conditions, if any, (b)		
NG	giving rise to the above cause		AQ 60 00 00 00 00 00000 00 00000 00000000
Digi	462 stating the underlying cause last		
UNFADING t. Physicians:	(e)		1
Za	Conditions contributing to the death but not		
Fd	related to the disease or condition causing death. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	, , , ,	20. AUTOPSY?
H tan	Feb 1950 Carcinoma Si	amoid Colon	
WITH	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
BE	SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
Z'K	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
H'ig	OF While at Not While INJURY m. Work At work		
WRITE PLAINLY, WITH U is especially important.			
ES L	22. I hereby certify that I attended the deceased from	, 1950, to Mar 30, 195, that I last so	w the deceased
24.82	3051	3 50 4 4 4 1 4 1 4 1 4	
T.	alive on Man 30, 19.5, and that death obcurred at	ADDRESS / rom the causes and on the date str	DATE SIGNED
RI	SIGNATURE (TO) D. M. SALL	1/100 -	3-30:51
*	John wayper me.	19 Manten la	
田	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
PLEASE	words which 1991 demand	er expeley Madley	4/
3	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
24	Three 31, 1951 Wenter K. Mans, MA	1. Starvey A. leighton A	Maman
	1	A TO A	11

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1951 BURGAU V. B correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02109

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
(ASSEATEMENT) MARYLAND	STATE Marefand COUNTY Megan
CITY (If outside corporate limits) write RORAL and LENGTH OF STAY OR give nearest town (in this place)	OR CITY (If outside corporate limits, write BURAL and give nearest fown)
TOWN WINDER AND	TOWN Medr Cumperland Rural
HOSPITAL OR INSTITUTION OR	STREET (If rural, give-location)
STREET ADDRESS (Melganer Sospela)	ADDRESS P. F. D. # Lallale
3. NAME OF (First) (Middle)	//(Last) / 4. DATE ((Month) (Day) (Year)
(Type or Print)	Bradley DEATH March 17 195
5. SEX 6. COLOR OR TACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year 1 under 24 hr
Temale white (Specify) Charles	Tel. 4, 1864 87 yrs. Months. Day's Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Industry	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working intereven it recired) industri	Country Maserland Country
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Mowbrang	Jane Can Vinerson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. openknown) (If year, give war or dates of	17 INFORMANT
service)	Mrs. Harry Malcolm Jakke Md.
44 14-250-1	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	2. L
Immediate cause (a)	Louis
70% () Antecedent cause(s)	
	Sin
Diseases or conditions, if any, (b) (b)	
stating the underlying cause last	Rie
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	·
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
2f. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (STATE)
SUICIDE Resident OF office bldg., etc.	ha Vale (legge Med
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY 2 2/ 4 Pm. While at Work At work D	stored and bell
7 21	7
22. I hereby certify that I attended the deceased from 2 - 7-1	19.57, to, 19, that I last saw the deceased
alive on 3 - 15 , 1957, and that death occurred all	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
(M) Mi)	57 Green N. 3-17-51
O'VIIII (III)	
23. BURIAL, CREMATION DATE REMOVAL (Specify) HALLA 19 10 - 1	RY OR CREMATORY LOCATION (City, town, or county) (State)
Sustain Matter 11.190 Matter New	VV 100 AND ADD - 1 1 A I DA . 1 A WAI 1/
	Committee Modern, Marieland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, EUNERAL DIRECTOR ADDRESS
	24 EUNERAL DIRECTOR Boal, Westraford, Md.



2411 N. Charles Street, Baltimore

02110

CERTIFICATE OF DEATH

Reg. Dist. No. 4

I. PLACE OF DEA	TH•		2. USUAL DESIDENCE /	MOMED OF DECK	AGED.	
countlega	ny	MARYLAND	STATE	Minia/A	LECUNTY	Thenoral
	corporate limits, write RUR		CITY (If outside corpor	te limits, write RU	JRAL and give ne	areat sown)
HOSPITAL OR INSTITUTION (STREET ADDR	or 227 Spring	gdale St.	STREET ADDRESS Wiley	Ford, W.	e location)	1009
3. NAME OF DECEASED (Type or Print)	Laura A.	(Middle) Branson	(Last)	4. DATE OF DEATH	(Month)3/51°	ay) (Year)
F. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, (Specify)	* 10726/1880		ay If under 1 year Months Day	
done during most of	PATION (Give kind of work working life, even if retired)	KIND OF BUSINESS OR	Cumberland,	Md.	12. Cr.	TIZEN OF WHAT
Phillip	Abe		Anna Largen	t		
(Yesping or unknown	EVER IN U.S. ARMED FORCES (If yes, give war or dates leervice)	17 16. SOCIAL SECURITY NO. None	Elmer P. Bra	ADDRESS nson Wil	Ley Ford	,W.Va.
		18. MEDICAL CE	RTIFICATION		1.	
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH				PERVAL BETWEEN ISET AND DEATH
		Boron	ary Thro	mbosis		2 dela
	ate cause (a)					7
eiving rise	r conditions, if any, (b)	Hyportes	ing Cord	s- Use	ulu 1	4 grs
93d stating the	underlying cause last		d	2	-	
Conditions contri	FICANT CONDITIONS buting to the death hut not case or condition causing deat	h				
		FINDINGS OF OPERATION			20.	AUTOPSY?
21. ACCIDENT	(Onceitu)) DY A	CE (Harris form forth and the control of the contro	1 (Olmit On a	ACTIVE.		en 🗆 No 🖸
SUICIDE HOMICIDE	OF INJU		(CITY OR 1		(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
00 1 1 1	wife that T attended the	e deceased from the .	1050, mar	2-3 40 5 / 12		
22. I nereby cer						
alive on.	195/, an	d that death occurred at	m., from the	causes and on t	he date stated	above.
SIGNATURE	S. Survey.	(Degree or title)	ADDRESS		D. 3/	23/57
23. BURIAL, CREA	MATION DATE THEREO	NAME OF CEMETE		Short Gar		(State)
DATE REOD BY	LOCAL REGISTRAR'S		HANNERAL DIRECTO		ımberlan	opress.

illy. The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			4
Reg.	Dist.	No	7

				Control of the second of the s		
1. PLACE OF DEATH-			2. USUAL RESIDENCE	(HOME) OF DECEASED	TIMEV -	
	Allegany	MARYLAND	Penna. Bedford			
OR give nearest to	porate limits, write RUR Dwn) Cumberlar	AL and LENGTH OF STAY (in this place) AL and LENGTH OF STAY (in this place)		ord. Penna.	and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Memorial	Hosp.	STREET ADDRESS Rt.	(If rural, give locat	ion)	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mont)	h) (Day) (Year)	
(Type or Print)	ALBERT	B.	BRITT	OF Mar	. 26, 1951	
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Apr. 14.1905		under 1 year If under 24 hrs. onths Days Hours Min.	
done during most of wor	CION (Give kind of work king life, even if retired)	MIDUSTRY OF BUSINESS OR	Penna.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME	/		14. MOTHER'S MAIDE	EN NAME		
	Albert Br	ritt /	Bertha E	vans		
	R IN U.S. ARMED FORCES		17. INFORMANT ANI	ADDRESS		
(Yes, no, or unknown)	Il yes, give war or dates ervice)	209-10-75-71	Memorial	Hosp.		
			ERTIFICATION			
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE	
Immediate	cause (a)	UREMIA	* ** ***** ****** *** *** *** ****	***************************************	mare 18,1911	
giving rise to t	nditions, if any, (b)	ephrites chronic		0 00 13 mm mpd 0 mm 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	whow	
1/2	lerlying cause last (c)	Duodenal ale	er active =	personation in	to Dec 1950	
II. OTHER SIGNIFIC. Conditions contributivelated to the disease	ANT CONDITIONS ng to the death but not or condition causing deal	faccineas and	recurrent	Mehronhage		
		FINDINGS OF OPERATION	4 1		20. AUTOPSY?	
Jan. 13, 1	.951 (2) abone	- Gastrii	recetion		Yes No K	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OF	(COU	NTY) (STATE)	
TIME (Month) (OF	Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	OCCUR?		
		e deceased from Jan 8	1- 7 6	4.24, 1951., that I !		
alive onMen	ch He, 195-1, an	d that death occurred at	A.m., from the	ne causes and on the da	ate stated above. DATE SIGNED	
	mawy	m.w	Cemberland	ud	March 26.1951	
23. BURIAL, CREMAT REMOVAL (Specify BUP 121	7) DATE THERE	NAME OF CEMETE Bedford	_	Bedford.	recounty) (State) Penna.	
DATE REC'D BY LO	CAL REGISTRAR'S		24. FUNERAL DIRECT		ADDRESS	
in a series		Julian, Milos			754679	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE



MARGIN RESERVED FOR BINDING

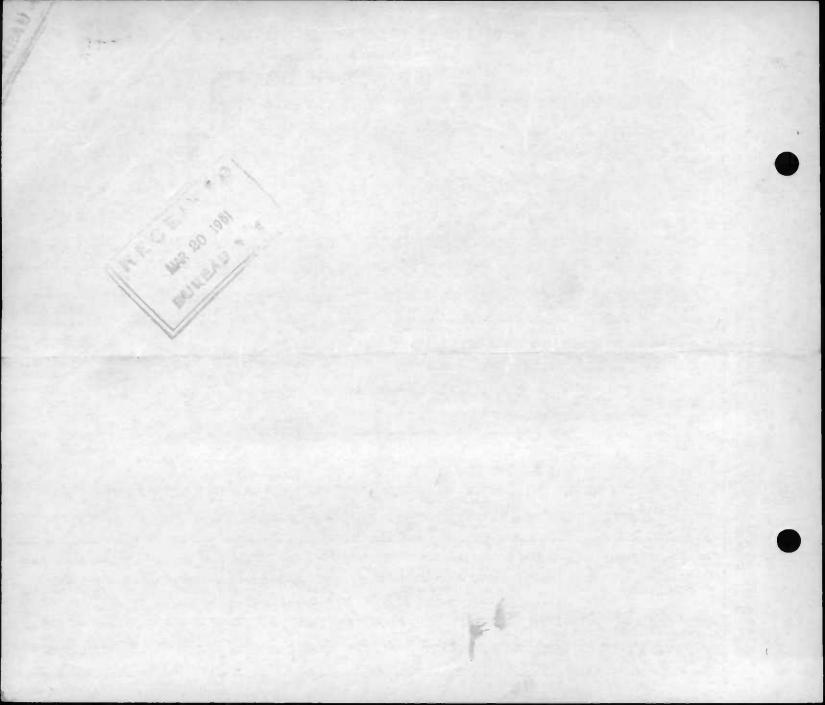
02112

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
A I I I I I I I I I I I I I I I I I I I	Wansand (Milisani	2
OR the desired town TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	CITY (If complete control limits write RUKAL and give nearest it) OR TOWN LAWY CHIMAN	(n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Megann Hoskilal	STREET (If rural, give location)	
3. NAME OF DECEASED (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
6. COLOR OR MACE 7. SINGLE, MARRIED, WIDOWED, DWOKCED,	S. DATE OF BIRTH 9. AGE last hirthday If under I year Iffunder I year Hou	19 der 24 hrs
(Specify) 10n. USUAL OCCUPATION (Give kind of work lob, Kind of Business on dering most of working life, even if retired) 150 Kind of Business on Indiana.	11. BIRTHPLACE (State of theign country) 12. CITIZEN O COUNTROL	
day during most of working life, even if retired) 13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME	25
15 N/S DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Ye food unknown) (If yes, stychwar or dates of 219-03-9226	mo G. Grant Kenner 34 an	relist
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTER VAL I ONSET AN	BETWEEN D DEATH
OO Immediate cause (a) Courte 775	Gocarditis & Fouliere	*****************************
Antecedent cause(s) Belateral	Performan T	
Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last	Tuberalous	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTO	PSY?
	Yes 🔊	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STAT	TE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	2, 19.41, to 2000 1 f, 19.51, that I last saw the dec	bonnon
alive on	PC	
SIGNATURE (Degree or title)	ADDRESS DATE SI	
elast a	BY OR CREMATORY LOCATION (City, 19 wn, or county) (S	State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE/	24 FUVERAL DIRECTOR ADDRESS	(P)
March 15, 1951 Verntes R. Manty M. D.	James I Seasfelling 1970	8/16
	(whiteland Mi	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02113

ONZIO

1. PLACE OF DEATH COUNTY	Λ 7 7		GTATE	E (HOME) OF DECEAS	COTTATIONS -
CITY (If outside so	ALLEGANY rporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	Maryl Maryl	orporate limits, write RUR.	1111000111
OR give nearest	town) Cumberla	(in this place)	OR O	berland	AL and give nearest town)
TOWN HOSPITAL OR			TOWN CUI	(If rural, give i	ocation)
INSTITUTION OR STREET ADDRES		Hospital		6 Magruder	
3. NAME OF DECEASED (Type or Print)	Edmonia	(Middle)	Bullett	OF DEATH Mar	
Female	colored Colored	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	Mar 23 1889		If under I year If under 24 hr Months Days Hours Min
done during most of w	TION (Give kind of work prking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOUSE	Paw Paw,	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	Frank Bulle		Leah Wel	S	
(Yes, no, or unknown)	ER IN U.S. ABMED FORCES (If yes, give war or dates service)	16. SOCIAL SECURITY NO.	Homer Bull	nd address Lett, Washin	gton, Pa.
		18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN
glving rise to stating the un	onditions, if any, the above cause aderlying cause last (c)	erdin-06	malor-ru	us f diss	5 years
related to the diseas	e or condition causing deal	th. FINDINGS OF OPERATION			20. AUTOPSY?
198. DATE OF OLE	MIION NON MANAGEMENT	211021100 01 01 21			Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office blag fetc.)	Cem	be lead	COUNTY (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURI OCCURRED While at Not While Work At work	How DID INJURY	occurry fue	Irango sheate
22. I hereby certi	fy that I attended th	e deceased from	195/ stoolle	ale le, 19.51, that	I last saw the deceased
alive on SIGNATURE	h. 6, 19.5 ar	nd that death occurred at/ (Degree by title)	Ann., from	the causes and on the	e date stated above. DATE SIGNED
The sol	moral)	N W. 1.	Ulun	when	1119. 3-1-51
2. BURIAL, CREMA REMOVAL (Speci	(y) Mar D	951 Camp Hill	Cemetery	Paw Paw	, W., Va,
DATE REC'D BY I	951 Winter &	Name M.L.	William H		perland, Md.

Ar Johnson Material Andreas

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02114

1. PLACE OF DEATH			2. USUAL RESIDENCE		EASED. COUNT	'V 4	
Allegany and the Maryland			Maryland Allegany				
OR give nearest town) Woodland (in this place)			II ()K	dland	OYENT SHE SI	A Hewless	town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R SS		STREET ADDRESS	(If rural, g	ive location)		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	John	J	Buskirk		March	2	19 5]
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTLEO	Nov 1,1875	9. AGE last birth	day If under Months	Days I	f under 24 hrs. Hours Min.
dre triber 11	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business on Industrial Mine	II. BIRTHPLACE (State		I	2. CITIZER COUNTRY	U.S.A.
13. FATHER'S NAM	E William Busk		14. MOTHER'S MAIDE	N NAME Unknown	1		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES? (If yes, give war or dates of leervice)	16. SOCIAL SECURITY NO.	17. INFORMANT AND Frank Buskin		lodland,	MA	
	IBCI VICO)	18. MEDICAL CE		- 3.15	ourand	Pitto	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH					AL BETWEEN
Immediate	e cause (a)	Uremia		***************************************	*** ******************	20	Dayo.
Diseases or o	onditions, if any. (b)	Chronic glo	Chronic ?	tis	2 N O PM N DROP GO NO - 17 CO O O O O O O	400	na.
	nderlying cause last (c)	Browing 1800	Chronic?	Heart De	ieose	yea	10.
Conditions contribu	CANT CONDITIONS tling to the death hut not se or condition causing death						
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AU	TOPSY?
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	: (CITY OR	#OWN)	(CONTAINING	Yes [
SUICIDE HOMICIDE	OF INJU	office bldg., etc.) RY	•		(COUNTY) (5)	TATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?			
		deceased from Journal at					
signature	7/19	(Degree or title)	ADDRESS	e causes and on	the date st	DATE	ove. SIGNED
John	B. Nov	is, MD	Trootbe	rg, mo	P	3/	4/5/
23/ BURIAL, CREM. REMOVAL (Spec	Man 5,195	1 Frostburg Men	morial Park	LOCATION (City, Frostburg	town, or coun	ity)	(State) Md
DATE REOD BY	LOCAL REGISTRAR'S	0 1. 161	M.Eichhorn	OR	Lonaco	ADDI	
-//	U					250	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02115

		CERTIFICAT	TE OF DEAT	H Reg. Dist.	No. 4
1. PLACE OF DEAT COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (H STATE MAKYLAN	COIL	NTALLEGANY
OR give neares	corporate limits, write RURA it town) Cumberland	L and LENGTH OF STAY	OR LONAC C	te limite, write RURAL and	i give nearest town)
HOSPITAL OR	REMORIAL HOS	PITAL,	STREET ADDRESS 80 F	CAST MAIN STA	EET
3. NAME OF DECEASED (Type or Print)	(First) ELLA	(Middle) J.	CAMPBELL	4. DATE (Month) OF MARCH	3 (Day) (Year)
FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARKIEI	JUNE 21/88	7 68 yrs. Mont	der 1 year II under 24 bru ths Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State or LONACONING M	MAKYLAND	12. CITIZEN OF WHAT COUNTRY USA
JOSE PH	JONES	A 10 Classical Na	JEANETTE	FATKIN	
(Yes, po, or unknown)	EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	1 none	MEMORIAL HOSE	PITAL, CUMBERL	AND, MAKYLAND
I. DISEASES OR C	onditions directly i	18. MEDICAL CE		me	INTERVAL BETWEEN ONSET AND DEATH
420,0 Antecede Diseases or giving rise t	ont cause(s) conditions, if any, to the above cause underlying cause last	arbunel	entre 16	nt Risen	7
Conditions contrib	TCANT CONDITIONS outing to the death but not ase or condition causing death	la .			
19a. DATE OF OPE	ERATION 19b. MAJOR F	INDINGS OF OPERATION	-		20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office hidg., etc.)	(CITY OR TO	OWN) (COUN	TY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby cert	tify that I attended the	deceased from FEB.23	3., 19. 5.1 to 3 h	n-, 19.51, that I las	t saw the deceased
alive on? SIGNATURE	70. 19 5 and	that death occurred at(Degree or title)	9:45A.m., from the	causes and on the date	stated above. DATE SIGNED
23. BURIAL, CRIM	INTON L DATE THEREO	F I NAME OF CEMETE	RY OR CREMATORY LO	OCATION (City, town, or co	J mn· 5/
REPROYAL ASPA	cify) March 5,	Tast Tancet HI	11 Complery	}	ADDRESS
March 5,1	1951 Winter K	Santa, M. D.	M. Eichherm	Lenacen	ing, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

02116

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY Allegany MARYLAND	STATE Maryland Affegany				
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)				
Town Cuntet to Tand (in 3his whise)	Town Mt. Savage,				
HOSPITAL OR	STREET (If rural, give location)				
INSTITUTION OR STREET ADDRESS Allegany, Los putal	ADDRESS New Row				
3. NAME OF (First) (Middle)	(T-A)				
DECEASED	(Last) 4. DATE (Month) (Day) (Year)				
	Carter DEATH 3 5 1951				
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, MAYORLED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.				
(Specify)	172-15-1952 58 ym. 1				
10a. USUAL OCCUPATION (Give kind/of work 10b. KIND OF BUSINESS OR done during most of working life, even il/retired) INDUSTRY 1. 7	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT				
Dve // Textile	Ridgley, W. Va				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Owen Carter	Clara Criswell				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS				
(Yes. no. or unknown) (If yes. give war product 1 214-67-0620	Joseph V. Carter, Mt. Savage, Md.				
18. MEDICAL CE					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE				
Immediate cause (a)	ma of sugaron				
153×					
Antecedent cause(s)					
Disease or conditions, if any, (b) giving rise to the above cause	75. dr. 17.55.55.55.55.55.55.55.55.55.55.55.55.55				
stating the underlying cause last					
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not					
related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	Yes No No				
21. ACCIDENT (Specify) PLACE (Home farm, factory, street, OF office bldg., etc.)	(COUNTY) (STATE)				
HOMICIDE INJURY					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I HOW DIO INJURY OCCUR?				
OF While at Not While INJURY m. Work At work					
7					
22. I hereby certify that I attended the deceased from 2/11	1957, to 3 / 5 19 5 / that I last saw the deceased				
-1.2/					
SIGNATURE (Degree or title)	ADDRESS				
XX 1 10200 1. 2	Cerula 10 0000 des) 3/2/11				
3. BURNAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)				
(REMOVAL (Specify)					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE/					
BEG.					
Thasch , 175 Will T. Many 11. W.	Jacob Hafer Frostburg, Md.				
	634439				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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DR. RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH

02117

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	Til •		2. USUAL RESIDENCE	(HOME) OF DECK		/
COUNTY		MARWAND	STATE		COUNTY	Francisco A NEWS
	GANY corporate limits, write RUR.	MARYLAND AL and LENGTH OF STAY	MARYLAND CITY (If outside corpo		IRAI and du	LEGANY
OR give neares	t town)	(in this place)	II OR		MANUEL SING BIA	e nearest town)
HOSPITAL OR	ERLAND MD	2 DAYS	TOWN CUMF	BERLAND	- 1 - AT >	
INSTITUTION O	10	OSPITAL	ADDRESS	(If rural, giv		
STREET ADDRE	SS CUMBERIAN	D MD	16	OCUST ST	TE GIG	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	STEVEN	ROYCE	CLAYTON	DEATH	3	73 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE last birthd	ay If under	I year If under 24 hrs
MALE	WHITE	WIDOWED, DIVORCED, (Specify) SINGIE	3/11/51	v	months Months	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLACE (State		12.	CITIZEN OF WHAT
done during most of	working life, even if retired)	Industry	CUMBERLAND	MARYLANI) (COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDE		,	4.5
DOVO	E CLAYTON JR		BETTY JAN	E NINE		
	EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.		ADDRESS		
(Yes, no) or unknown)	(If yes, give war or dates of	of none	11112		TIMBED	CINE CINES
100	service)	18. MEDICAL CE	MEMORIAL H	MOLITIAL,	OPIDERI	י תוּאו "חוֹא"
I. DISEASES OR CO	ONDITIONS DIRECTLY		to			INTERVAL BETWEEN ONSET AND DEATE
Diseases or giving rise t stating the t	nf cause(s) conditions, if any, to the above cause underlying cause last (c)					- ** ** ** ** * * * ** ** * * * * * * *
Conditions contrib	ICANT CONDITIONS outling to the death but not use or condition causing deat	h.				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOPSY?
						Yes \ No PT
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office hldg., etc.) JRY	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?		
OF INJURY	m,	While at Not While Work At work				
22. I hereby cert	13 , 195/, an	d that death occurred at in (Degree or title)	3.20 P.m., from the ADDRESS ADDRESS RY OR GREMATORY		the date sta	ated above. DATE SIGNED H March 51
Munia	3-17-1	101 Hilleres	lem,	Tamber	cand,	ma
DATE RECID BY	LOCAL REGISTRAR'S	Manh M.S	24. SUNERAL DIRECT	George to	2 h	Land hiel

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02118

CERTIFIC	ATE OF DEATH Reg. Dist. No.
I. PLACE OF DEATH Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Allegany
CITY (If outside corporate limits, write RURAL and CENGTH OF OR give nearest town cumber and Cinchia plants of the	
HOSPITAL OR 530 Mechanic Street STREET ADDRESS	STREET (If yural, give location) ADDRESS Mechanic Street
3. NAME OF (First) (Middle) DECEASED (Type or Print) Racheal	(Last) 4. DATE (Month) (Day) (Year) Connor OF March 12 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIEI WIDOWED DIVONED (Specify) THE TENTONE (Specify)	BD, 8. DATE OF BIRTH 9. AGE iast hirthday If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTROWN HOME	S OR II. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRYTU. S. A.
13. FATHER'S NAME William Robertson	14. MOTHER'S MAIDEN NAME Racheal McBride
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or inknown) (If yes, give war or dates of service)	Thomas Connor Cumberland, Md.
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	our of l. head Sing 194
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT 1	east & afelloy morbeant yes 1 No &
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
	- 110/0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

	/
1. PLACE OF DEATH.	2. USITAL RESIDENCE (HOME) OF DECEASED
COUNTY ALLEGANY MARYLAND	STATE COUNTY MARYIAND ALLEGANY CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN CUMBERLAND MARYLAND (in this place)	OR
HOSPITAL OR	TOWN CUMBERT AND STREET (If rural, give location)
HOSPITAL OR INSTITUTION OR MEMORIAL HOSPITAL.	ADDRESS
STREET ADDRESS CHARREST AND MD	ADDRESS 208 PEAR STREET
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) GEORGE H	DARR DEATH MARCH 7 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BLICTH 9. AGE last hirthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED.	Months Days Hours Min.
MALE WHITE (SpecifyMALK TED) 10n. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OF	JIINE 1 1879 77 ym. 1
done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) B. & O. Rwy.	WEST VIRGINIA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN DARR	FRANCES LA HUE
15 Was Dwarmann Press Int II C Anarray Pongres 1 18 Court Comment Ma	17. INFORMANT AND ADDRESS
(Yes No or unknown) (If yes, give war or dates of None	11010/ 150/p/ 810/0/2/
	MEMORIAL HOSPITAL CUMBERIAND MD
18. MEDICAL CER	RTIFICATION INTERVAL BUTWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a)	monther, 4ans
430.	1.
Antecedent cause(s)	Manualla ser
Diseases or conditions, if any, (b) giving rise to the above cause	
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
IVA. DALIS OF OTHER LION	20. AUTUPS11
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY Work At work	
22. I hereby certify that I attended the deceased from July 3	195 to March 7 195 that I last saw the deceased
7 17 -1	, 10
alive on / /, 19 /, and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
11 he by 11 mit 6	1/ la / 1/2 / Thir /
1/3 M, My M	11 January 01 8/0
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	
BEMOYALI(Specify) 3/9/51 Rose Hil:	1 Cem. Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR ADDRESS
MREG. 1.010 -1 /11 to den 1	Charles L. George Cumberland, Md.
MORCA TITO WEARLY A. WAND OF ON	The state of the s

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR IS 1951

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere **CERTIFICATE OF DEATH**

		0
Diet	No	4

1. PLACE OF DEATH	Allegany	7/47/47/47/0	2. USUAL RESIDENCE (COTTAG	ry A77agana
CITY (If outside e OR give nearest TOWN	orporate limits, write RURA			rate limits, write RURAL and g	Allegany dive nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R		STREET ADDRESS	(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) AURELLIA	(Middle)	(Last) VORE	4. DATE (Month) OF March	(Day) (Year)
female	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	3-17-1872	9. AGE last birthday If under Months	
done during most of w	ATION (Give kind of work rocking life, even if retired)	INDUSTRY home	Maryland		COUNTRY? USA
13. FATHER'S NAM	George Crowe		Mary	Ann Winebrenne	r
15. WAS DECRASED E	VER IN U.S. ARMED FORCES: (If year, give war or dates of service)	16. Social Security No.	Mrs. Edna		
Immediate Anteceder	nt cause(s)	18. MEDICAL CE	ardites		INTERVAL BETWEEN ONSET AND DEATH
giving rise to stating the u	conditions, if any, (b) conditions, if any, (c) conditions cause last (c) condition cause last (c) condition causing death or condition causing death	Dialetes) years
19a. DATE OF OPE	RATION 196. MAJOR F	INDINGS OF OPERATION			Yes No T
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	TOWN) (COUNTY	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR7	
alive on. MA. SIGNATURE	1923, 1951, an	that death occurred at. (Degree or title)	ADDRESS RY OR CREMATORY	causes and on the date s	tated above. DATE SIGNED
DATE REC'D BY REG.	LOCAL REGISTRARS	F'bg. Memor	24. FUNERAL DIRECTO		Md .
3-31	51 2110 81	WILLIAM N. NOS	J. R. Durs	t, Frostburg,	Md.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02121

CER	IFICAL	E OF DEATE	Reg. Dist. No	o
1. PLACE OF DEATH.		2. USUAL RESIDENCE (HO	ME) OF DECEASED.	
callegany	MARYLAND .	STATE	0200	2gany
TOWN Cumberland	ENGTH OF STAY	TOWN Cumb	limits, write RURAL and give	ve dearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 871 Marylan	dahe	STREET ADDRESS 871	(If rural, give location)	dane.
3. NAME OF DECEASED (First) (MANUAL ELECTRICAL ELECTRIC	ridie) aleth	Dolan	4. DATE (Month) OF DEATH U. a.	(Day) (Year)
6. COLOR OR JACE 7. SINGLE WIDOW	E MARRIED, ED DIVORCED,		AGE last birthday If under Months	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired) INDUSTRY	D OF BUSINESS OF	G. BIRTIPLACE (State or fo	oreign couptry) 12	COUNTRY? OF WHAT
13. FATHER'S NAME	- Arrage	14. MOTHER'S MAIDEN N	Alero H	-,0
(Yes, no, or unknown) (If yes, give war or dates of	AL SECURITY No.	17. INFORMANT AND AL	DIVESS /	0 12/
(service)	love	Hoseu H Do	ton - Cunt	rand My
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING	-	1		ONSET AND DEATH
600,0 Immediate cause (a) Meyo	cordelle Co-Rep			1 A 1 A 0 A 0 A 0 A 0 A 0 A 0 A 0 A 0 A
Antecedent cause(s) Diseases or conditions, if any, (b)	Co- Red	Shrile-		
giving rise to the above esume stating the underlying cause last			100 TO 10	* NO 80 80 61 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ne			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY!
21. ACCIDENT (Specify) PLACE (Home, OF office bid; INJURY	farm, factory, street,	(CITY OR TOV	VN) (COUNTY)	(STATE)
	OCCURRED Not While At work	HOW DID INJURY OCCU	R?	
22. I hereby certify that I attended the deceased		10.50 to 7/10/ H	10.57 that That	am Aba Jassa 3
alive on Much 4, 1951, and that de	ath occurred at ./2	ADDRESS	uses and on the date st	ated above. DATE SIGNED
23. BURIAL CREMATION DATE THEREOF	19 July J	X Cacufact	CATION (Gity, town, or count	3-6-51
REMOVAL (Speetly) War 2, 1957	Rose Hu	el Cameten Ci	unterland	Tu d.
DATE RECOUNT LOCAL REGISTRAD'S SIGNATURE OF THE PROPERTY OF TH	nk M.d.	21. FUNERAL DIRECTOR	er-Cumberla	address Zul
	//			

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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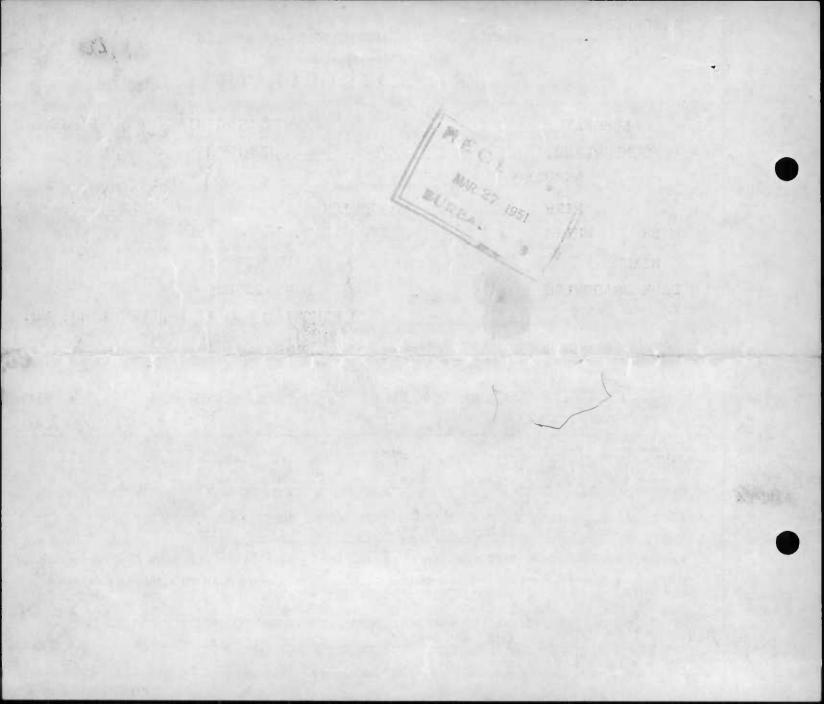
			4
Reg.	Dist.	No	9

650216

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY ALLEGANY MARYLAND	STATE WEST VIRGINIA COUNTY	PRESTON
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and given on	ve nearest town)
TOWN CUMBERLAND. (in 3 this place)	TOWN KEMPTON	
HOSPITAL OR INSTITUTION OR AND TAX HOSPITAL	STREET (If rural, give location)	
STREET ADDRESS MEMORIAL HOSPITAL	ADDRESS	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) MIKE DRAGO	VICH ST. DEATH MAR.	23. 151
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED DIVORCED	8 DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs.
MALE WHITE (Specify) MARRIED	Alberta 12, 1894 56 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 19th Kind of Business on	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) (Spusted MINER	AUSTRIA	asu.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
PAUL DRAGOVICH	MARY PRIMEC Declan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. of unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
service)	MEMORIAL HOSPITAL-CUMBERI	LAND. MD.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
		2
Immediate cause (a) Thum Mu d		Just
12/2		
17 4 % Antonodout enviso(s)	0	
154 Antecedent cause(s) Diseases or conditions, if any, (b)	In rectum	6 mont
Diseases or conditions, if any, (b)	of rectum	6 mont
Diseases or conditions, if any, (b)	J reclum	6 mont
Ul Significant conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	J reclum	6 mont
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	J reclum	6 mont
Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	J reclum	10 yme.
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Jectum (adens)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 26 - 5 /	rectum (adeno) (CITY OR TOWN) (COUNTY)	10 ypr.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 24 - 5/ 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factor), dreet, OF office hidg., etc.)		Yes No D
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 2 - 2 - 5 / Common 19b. MAJOR FINDINGS OF OPERATION 1 - 2 - 2 - 5 / Common 1 - 2 - 2 - 5 / Common 1 - 2 - 2 - 5 / Common 1 - 2 - 2 - 2 - 5 / Common 1 - 2 - 2 - 2 - 5 / Common 1 - 2 - 2 - 2 - 5 / Common 1 - 2 - 2 - 2 - 5 / Common 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		Yes No D
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



02123

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

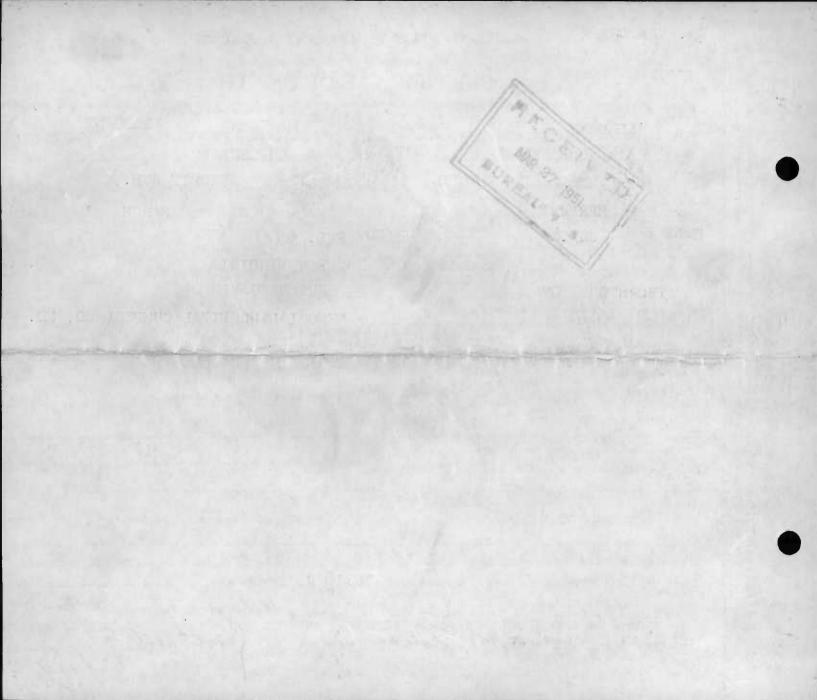
eg. Dist. No.....

	Reg. Dist. No	f
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY ALLEGANY MARYLAND	STATE MARYLAND ALIEUANY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest	town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) CUMBERLAND LENGTH OF STAY	TOWN CUMBERLAND	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS MEMORIAL HOSPITAL	ADDRESS 332 AVIRETT AVE.	
3. NAME OF (First) (Middle)	(Last) // 4. DATE (Month) (Day)	(Year)
(Type or Print) HERBERT Alwy	DYE DEATH MARCH 19	1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birtbday If under I year If	under 24 bra
MALE IN WHITE WIDOWED, MARRIED	FEB. 6.1819 72 yrs. Months Days E	Iours Min.
10a. USUAL OCCUPATION (Give kind of work 10b, Kind, of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN	
Advance during prost of working life, even if retired) Industry to the Construction Co.	WEST VIRGINIA COUNTRY	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
THORNTON DYE	SUSAN DAVIS	
15. WAS, DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or raknown) (If yes, give war or dates of service)	MEMORIAL HOSPITAL CUMBERLAND.	MD.
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O A Egyphon	AL BETWEEN
10 - 1-6	Daila IID. * Daga	AND DEATH
Immediate cause (a)	men Hear Lessens	
1171 11 Automotion 1 - #1 00	mal falm 60	C.0
42/.4 Antecedent cause(s) Diseases or conditions, if any, (b)	minal pilms	Tous
giving rise to the above cause stating the underlying cause last		0
(a)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AT	TOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY) (ST	No
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(000111)	ALL,
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	14 1 01	
22. I hereby certify that I attended the deceased from 7 Tu	?, 19, to /9, 195/, that I last saw the	hareenah
192	7.35 -	acocube (
SIGNATURE (Degree or title)		
SIGNATURE:	0:15 pm., from the causes and on the date stated about	
1 200 100 00	ADDRESS	ve. SIGNED
W. alhed Va Ouner		
23. BERIAL CREMATION DATE THEREOF NAME OF CEMETER	ADDRESS	
ACMOVAL (Specify) Wasal sai 10.01	ADDRESS Curleller md. 2 DATE CY OR CREMATORY LOCATION (City, town, or county)	signed 9.5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER ADMOVAL (Species) March 22, 951 Spilos DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cumbelend md. 2/2	SIGNED (State)
Total Times	ADDRESS Cumberley, md. 2 12 RY OR CREMATORY LOCATION (City, town, or county) M. FUNERAL DIRECTOR ADDR	SIGNED (State)
Total Times	ADDRESS Comboling of mod. 2 100 RY OR CREMATORY LOCATION (City, town, or county) (Im: Westernford Md.	SIGNED (State)

PLEASE WRITE PLAINLY, WITH' UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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The correct age

Trevankis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02124

CERTIFICATE OF DEATH

1. PLACE OF DEAT					
	1		2. USUAL RESIDENCE (I	COTTAIN	v
	legany	MARYLAND	1/4	Allegany	
OR givo neare	corporate Mmits, write RUR	AL and LENGTH OF STAY (in this place)	OR CITY (If outside corpora	te limits, write RURAL and gi	ve nearest town)
TOWN CU	mberland	(III this place)	TOWN Cum	berland	
HOSPITAL OR INSTITUTION	OR AND TO	1 / 1	STREET ADDRESS	(If rural, give location)	,
STREET ADDR	ESS 440 N.	Techanic St.	ADDRESS 440 A	1. Mechanic Si	
3. NAME OF DECEASED	(First)	, (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Henriet	ta Ed	enhart	DEATH March	18 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Hidowed	S. DATE OF BIRTH	9. AGE last hirthday If under Months	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCU	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BYRTHPLACE (State o	r foreign country) I	2. CITIZEN OF WHAT
done during most of	working life, even if retired)	Own home			COUNTRY?
13. FATHER'S NA.	ME	. DWY 10-HC	14. MOTHER'S MAIDEN	NAME	USH
Henry	y Steele		Minnie L,		
15. WAS DECRASED	EVER IN U.S. ARMED FORCES	8? 16. SOCIAL SECURITY No.	17. INFORMANT AND		
(Yes, no, or unknown	(If yes, give war or dates	of AAA	Charles H. Ede	nhart, Combert	and Mx
-7-0	(34,444)	18. MEDICAL CE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
* Draming on o	CONTRACTOR DIPROMITE				INTERVAL BETWEEN
I. DISEASES OR C	CONDITIONS DIRECTLY	Chronic M	3/1/hba.		ONSET AND DEATH
T 3t-	4 (/a)	uncome	ugona	Co	Zuer
Immedia	te cause			• • •	
	ent cause(s)	Chamin V	mer unde	Si-	5.11.
	to the above cause	JV4722	7		1 years
	underlying cause last				
	(e)				
Conditiona contril	FICANT CONDITIONS huting to the death hut not ease or condition causing deat	th.			
	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
	ERATION 19b. MAJOR				
19a. DATE OF OP	(Specify) PLA	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (COUNTY	Yes No D
19a. DATE OF OPE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T		Yes No D
19a. DATE OF OP 21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY			Yes No D
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19a. DATE OF OPE	(Specify) PLA OF INJ) (Day) (Year) (Hour) m,	FINDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	Yes No (STATE)
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19a. DATE OF OPE	(Specify) PLA OF INJUDY (Year) (Hour) m.	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from	HOW DID INJURY OCC., 1950, to Mar /	S., 195/, that I last s	Yes No (STATE)
19a. DATE OF OPE	(Specify) PLA OF INJUDY (Year) (Hour) m.	CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work (Degree or title)	HOW DID INJURY OCC., 1950, to Mar /	8, 195/, that I last a	Yes No (STATE) saw the deceased cated above. DATE SIGNED
19a. DATE OF OPE	(Specify) PLA OF INJUDY (Year) (Hour) m.	CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work (Degree or title)	HOW DID INJURY OCC., 1950, to Mar /	S., 195/, that I last s	Yes No (STATE) saw the deceased cated above. DATE SIGNED
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cer alive on SIGNATURE.	(Specify) PLA OF INJ OF	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work (Degree or title) NAME OF CEMETE!	HOW DID INJURY OCC., 1950, to Mar /	8, 195/, that I last a	yes No (STATE) saw the deceased sated above. DATE SIGNED
21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cer alive on SIGNATURE. 23. BURIAL, CREM REMOVAL (Spender)	(Specify) OF OF INJ (Day) (Year) (Hour) m. rtify that I attended th Ar / 6, 195/, an MATION DATE THERE	CE (Home, farm, factory, street, office bldg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work (Degree or title) NAME OF CEMETE!	HOW DID INJURY OCC., 1950, to Mar / 130	8., 19.5, that I last a causes and on the date at	yes No (STATE) saw the deceased sated above. DATE SIGNED
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cer alive on SIGNATURE 23. BURIAL, CREN REMOVAL (SP	(Specify) PLA OF INJ OF	CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work of NAME OF CEMETE!	HOW DID INJURY OCC., 1950, to Mar / 130	COUR? 8., 19.5, that I last a causes and on the date at the causes are countries. OCATION (City, town, or countries.) Countries and of the cause and of the cause are countries.	Yes No (STATE) Saw the deceased sated above. DATE SIGNED 3/19/67/ tty) (State)
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY 22. I hereby cer alive on SIGNATURE SIGNATURE REMOVAL (SP	(Specify) PLA OF INT OF	CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED While at Not While Work At work e deceased from At work of NAME OF CEMETE!	HOW DID INJURY OCC., 1950, to Mar./ 2.30	COUR? 8., 19.5, that I last a causes and on the date at the causes are countries. OCATION (City, town, or countries.) Countries and of the cause and of the cause are countries.	Yes No (STATE) Baw the deceased cated above. DATE SIGNED All 9/67 ty) (State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

19

MARYLAND STATE DEPARTMENT OF HEALTH

02125

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

•	ODJETH TOTT			10
COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (I	- Acres in	Y Allegany
CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN Cumber land	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN Cumber	ate limits, write RURAL and gi	(ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany	Hospital	STREET Windso	(If rural, give location) or Hotel	
3. NAME OF (First) DECEASED (Type or Print) EDWIN	(Middle)	(Last) EYMAN	4. DATE (Month) OF MARCH	(Day) (Year) 23, 195
6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)W1COWEC	S. DATE OF BIRTH Dec. 23, 1872	9. AGE last hirthday If under	
10a. USUAL OCCUPATION (Give kind of work done-during most of working life, evon if retired) RELIFED FLORIST	10b. Kind of Business on Industry Business	Pittsburgh, Per	nnsylvania	2. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John E	aman	Mary Wayne	NAME	
15. Was Decrased Ever In U.S. Armed Forces (Yes, nor or unknown) (If yes, give war or dates of service)	7 I IR COULT CHAIRING NO	17. INFORMANT AND	ADDRESS n, Cumberland, Ma	ryland
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
- C	oronary occlusion			4 days
Intimediate cause	•		*1010-000000	0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
420. / Antecedent cause(s)				
Diseases or conditions, if any, (b) giving rise to the above cause		18 0 0 0 / +	00 000 WB+8 +07,0, 1 0, 1 чин реминерин 6010 0011 0000 00 600 610 000 000	
stating the underlying cause last				
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	.h.			
19a. DATE OF OPERATION 19b. MAJOR I				20. AUTOPSY?
				Yes No
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU		(CITY OR 1		(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the	e deceased from Mar.	19.19 51 to Mar.	22. 19 51 that I loot	saw the deceared
alive on Mar. 22, , 19.51, an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the date s	
Munerus		mberland, Maryla		3/23/51
Burnal Specify) March 26,	1951 Brush Cree	k Cemetery	Manor, Pennsylva	
PATE REC D BY LOCAL REGISTRAR'S MAICH 23 1951 WINTER K.	SIGNATURE M-S.	John C. Wolfor	or rd, Cumberland, M	ADDRESS Maryland
				100105

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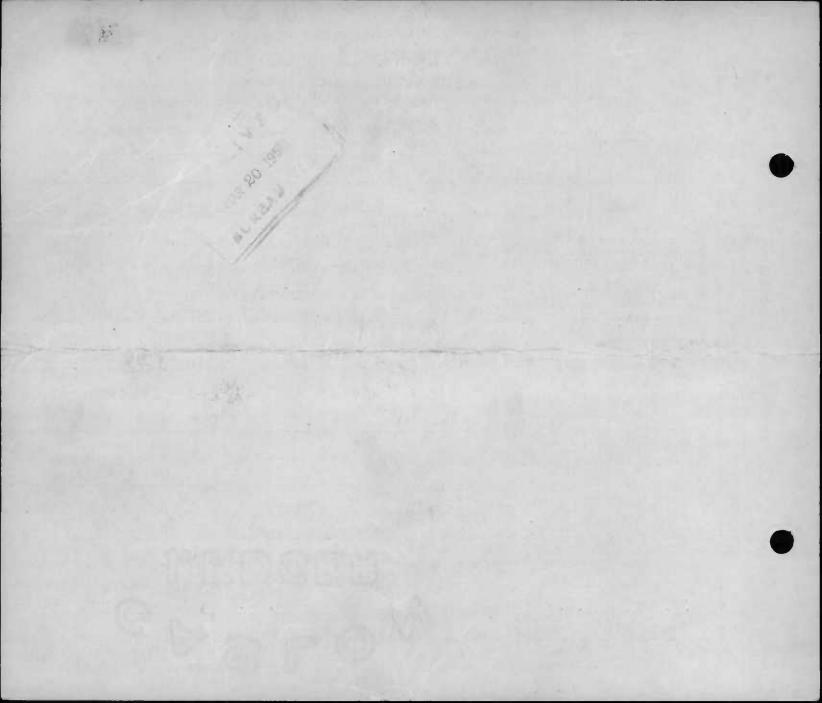
CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No..... I. PLACE OF DEATH. 2. USUAL RESUDENCE (HOME) OF DECEASED COUNTY COUNTY Allegany MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) 2 hrs. Cumberland Wilerslie. TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Memorial STREET ADDRESS Hospital 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF (Type or Print) Helen Farnham DEATH March 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. female white (Specify) si

10a. USUAL OCCUPATION (Give kind of work | 10b. Kind or
done during most of working life even if retired) INDUSTRY
retired Interior Decorator Dec. 27-1872 (Specify) single 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Minnesota **USA** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edmind I. Farnham
15. Was Decrased Ever In U.S. Armed Forces? Bridget Clark 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no of (nknown) | (If yes, give war or dates of 342-22-4530 Mrs.Graham Stewart. Ellerslie. Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) Subdural hemorrhage due to fractured Immediate cause hra Antecedent cause(s) Fractures of the skull also had a fracture Diseases or conditions, if any, giving rise to the above cause right stating the underlying cause last 1211 pubic bone. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No M 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING * PLACE (Home, farm, factory, street, OF office bldg., etc.)Highway (CITY OR TOWN) (COUNTY) (STATE) Allegany How bib INJURY OCCURIC POSSING highway TIME (Month) (Day) (Year) 2(H45 INJURY OCCURRED While at Not while INJURY March9 at work walked into from: natural causes , accident *, suicide , homicide , undetermined ... SIGNATURE (Degree or title) DATE SIGNED H.V. Deming M.D. March 9-1951 Cumberland, Md. ME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Oakland Cemeterv MINN. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR ADDRESS HYNDMAN, Pa

PLEASE



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

				reg. Dist. 14	J
1. PLACE OF DEATH	H.		2. USUAL RESIDENCE (I		. No . 1
COUNTY ALLE	EGANY	MARYLAND	WEST VIK	COUNT	Munesal.
CITY (If outside c	orporate limits, write RUR.	AL and LENGTH OF STAY	OR CITY (Il outside corpora	ate limits, write RURAL and give	ve nearest town)
OR give nearest	ERLAND MARY	LAND 4 DAYS	TOWN WILEY	FORD	
HOSPITAL OR	MEMORITAL H	OSPITAL	STREET	(If rural, give location)	
INSTITUTION OF	SS CUMBERLA	ND MD.	ADDRESS Wiley	Ford, W.Va.	/
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	EMMA	S	FAUGHT	DEATH MARCH	3 1951
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birthday If under	
FEMALE	WHITE	WIDOWED, DIVORCED, (Specify) MARK TED	NOV. 3. 1874	76 yrs. Months	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b Kind of Business on	11. BIRTHPLACE (State of		CITIZEN OF WHAT
done during most of w	Sew life even if retired)	Industry Anna	VIRGINIA	Reentoton)	Contract
13. FATHER'S NAM		Col He Civile	14. MOTHER'S MAIDEN	NAME	ay oc.
DAVTD	MILLER		HECKE FILL	110707	
	VER IN U.S. ARMED FORCES	? 14 Speial Security No.	HESTER EU	ADDRESS	
(Yes, no or unknown)	(If yes, give war or dates of service)	1/1/10/	MEMORITAT. I	HOSPITAL CUMBER	TAND MD.
		18. MEDICAL CE		100111112,00121	
T DIOPLOPS OF CO	ONDITIONS DIRECTLY	I FADING TO DEATH			INTERVAL BETWEEN
I. DISEASES ON OC	MDITIONS DIRECTLI	DEADING TO DEATH	A 1		ONSET AND DEATH
Immediat	e cause (s)	Coronary	Occulian	2	6 hors.
2/1,2,			1		
	nt cause(s) conditions, if any, (b)	Intulial L	Jenia, stra	man Lated	3 weeks
122 a giving rise to	o the above cause				
atating the u	inderlying cause last			0	
II OTHER SIGNIFI	(c) (CANT CONDITIONS				1
Conditions contribu	ating to the death but not				
	se or condition causing deat	INDINGS OF OPERATION			1 20. AUTOPSY?
19a. DAIL OF OIL	INTION ION MINOUS	AND AND OF OT MARKET AND A			
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR T	COUNTY)	Yes No X
SUICIDE	OF	office bidg., etc.)	(OIII OR I	(000411)	(SIAIE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CITE?	
OF		While at Not While	HOW BID INVOICE OO	0010	
INJURY	m,	Work At work	1		
22. I hereby cert	ify that I attended the	e deceased from	1951 to 3/3	192/ that I last s	aw the deceased
7 /	_	//			
alive on	ر., an الميار	d that death occurred at./	ADDRESS	causes and on the date st	ated above. DATE SIGNED
Theory	M Smon	~ M.O. Cos	whelme m	d. 31	3/51
23. BURIAL, CREM	ATION BATE THERE		Thren Cem, S	ingers Glen Va	ty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE /	J. FUNERAL DIRECTO	Prpelli Cumberl	anddress

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02128

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Allegany MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town)				countregany
OR give nearest town) Cumberlan		OR Cumberland		
HOSPITAL OR	ston Street	STREET ADDRESS 504 W	(If rural, give to ashington	Street
3. NAME OF (First) DECEASED (Type or Print) Jean	(Middle) Anne	(Last) Ford	OF DEATH MELT	1902
Female 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, CITYORCED, (Specify)	Nov 22 1930	20 yrs.	If under 1 year II under 24 hrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	Cumbertand	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
George Lo	ng	Irene Daily		
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no or or unknown) (If year, give war or dates service)	16. SOCIAL SECURITY NO. None	Harold Ford	ADDRESS Cumberland	, Maryland
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)	LEADING TO DEATH	ertification	oma	INTERVAL BETWEEN ONSET AND DEATH
173 × Antecedent cause(s)		1935 915 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- man delegement - a delega 2 a a management d'a a des a management de la companya del companya del companya del	5-6 ma
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	3,000A4.51.53.501.51.A53.100.001.10.001.001.001.0001.0001.0001	**************************************	adapresa nt 6 01-01-01-00-001-0-01-00-01-0-0-0-0-0-0-	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th.			Mind Ampère (Mindreson)
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
21. ACCIDENT (Specify) PLA	CE (Home, farm, factory, street,	(CITY OR T	POWAN (Yes No P
SUICIDE OF	office bldg., etc.) URY	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		(SIAIE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended th	e deceased from /- 2 4	-, 1957, to 3-19	7-, 1957, that	I last saw the deceased
alive on 3.19., 1957, an SIGNATURE	nd that death occurred at	m., from the	causes and on the	date stated above. DATE SIGNED
23. HURIAL, CREMATION DATE	NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, tow	3,20,51 n, or county) (State)
REMOVAL (Specify) Mar 21	1951 Hill Crest	6 Durtar rark	Campel. Tau	and.
DATE REGID BY LOCAL REGISTRAR'S	- Jang, M.D.	24. FUNERAL DIRECTO	fight, Cum	berlan ADDRESS .



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

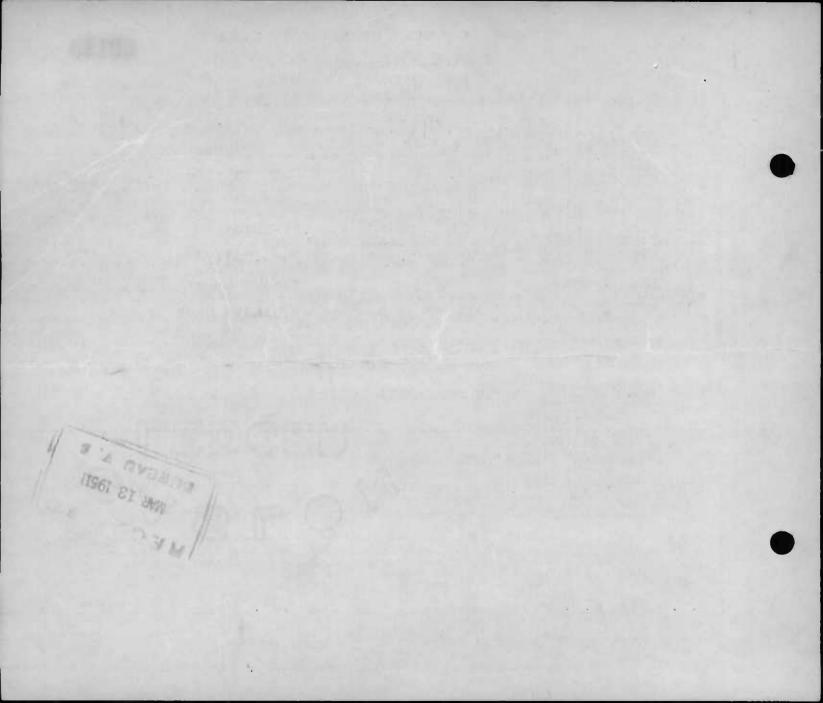
02129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

Reg. Dist. No.....

		/
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
Allegany MARYLAND	STATE Md. Alle	gany
CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN Cumberland 5 (In this place)	TOWN Cumberland	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 527 Fayette St.	ADDRESS	
	527 Fayette St.	
DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Albert Rece	Franck DEATH March	3 1957
	8. DATE OF BIRTH 9. AGE last birthday II under Months	I year If under 24 hrs. Days Hours Min.
male white WIDOWED, DIVORCED, (Specify) Single	Sept.11-1910 40 yrs. 1	Days 110dis Mill.
done during most of working life avec if retired) Lynnman v	11. BIRTHPLACE (State or loreign country) 1.	2. CITIZEN OF WHAT
Research chemist Celanese Corp.	Lake Port, California	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.00.11.
Max Franck	Gladys Case	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Gladys Case	
(Yes. no, or unknown) (If yes, give war or dates of 213-07-6895	mother Gladys Case Franck	
18. MEDICAL CE		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
DISEASES ON CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Coronary occlus	sion due to	at once
Immediate cause (a)		
Antecedent cause(s)	and a	6
Q 4a Dlaease or conditions, if any. (b) Coronary sclere	1272	
stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No St
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
PRIMARY OR CONTRIBUTING OF Off office bldg., etc.) CAUSE OF DEATH. INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while		
22. I certify that I took charge of the remains described above, held an A	utopsy Inspection *, Inquiry * thereon and	from the evidence
oblained by said Autopsy, Inspection or Inquiry, and that said decay	used died on the day stated above and death in my	opinion resulted
from: natural causes *, accident , suicide , homicide ,	undetermined .	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. V. Deming M. D. & V. Duming M.D. Cum	berland.Md. Mar	ch 3-1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or coun	
REMOVAL (Specify)	s Sons Co. Washington, D	C
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	DOME OUT HOUSETIES OF P	
	24 FUNERAL DIRECTOR	
Theren 6, 1951 Winter K. Sant M.	24. FUNERAL DIRECTOR William H Kight Cumberla	ADDRESS

VS. A15A



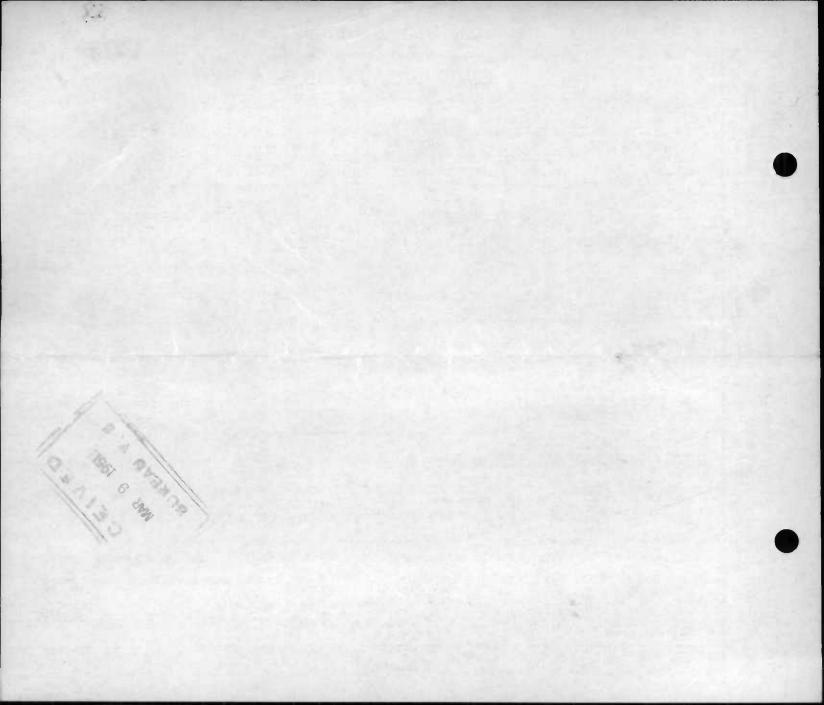
2411 N. Charles Street, Baltimore

02138

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland Aldontony
CITY (If outside corporate limits, write RURAL and OR give negrest town) TOWN (1dtown Md.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oldtown, Md.
HOSPITAL OR INSTITUTION OR R.F.D.#I Oldtown, Md	STREET ADDRESSR.F.D.#I Uldtown, Md.
3. NAME OF (First) (Middle) DECEASED (Type or Print) Charles Ful	k (Last) 4. DATE (Month) (Pay) 195 (Year) DEATH MATCH (Pay) 195 (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWER DIJORCED, (Specific WIDOWA)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
done-during most of working life, even if retired) Amostry Amostry Amostry	11. BIRTIPLACE (State or foreign country) 12./City of What
13. FATHER'S NAME	MANGUL NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Nes) no, or unknown) (II yes, give war or dates of 723-14-4738 service)	Mrs. Color, Clatining, Md. Pt.
18. MEDICAL CEI	RTIFICATION //
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	(Storeule)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
· Mich	Yes No 🗆
21. ACCIDENT (Specify) SUICIDE HOMICIDE ACCES (Specify) FLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Wille at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3	, 195/, to 3/4, 195/, that I last saw the deceased
alive on 3/4 , 1957, and that death decurred at 7	ADDRESS nom the causes and on the date stated above. ADDRESS DATE SIGNED
Le Ballaskeus-M.	Therest Cienterland W.A.
REMOVIL (Specify) 3/7/5I Oldtown Me	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MREG. 6 1951 Mrs. Sule C. Sinkster	James F. Scarpelli Cumberland.
3/7/51	970 111



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No.....

CERTIFICATE OF DEATH

COUNTY	Allegar	ly maryland	STATE Mary	land	COUNTY A	llegany
CITY (If outside of OR give nearest TOWN	corporate limita, write RU	RAL and LENGTH OF STAY		sto limits, write RUR.	AL and give ner	arest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 128 Bo	owery St.	STREET ADDRESS 128	Of rural, give I Bowery St	ocation)	
3. NAME OF DECEASED (Type or Print)	HARRY	(Middle) SANNER	FULLER	OF Mar	ch 1	3 1951
s. sex male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWET	9-26-1873	9. AGE last birthday 77 yrs.	If under 1 yes Months. Day	ar II under 24 hrs
	ATION (Give kind of work ropking life, even if retired STONEMASON		Frostburg, 14. MOTHER'S MAIDEN	Md.	12. Cr Coun	THE PARA
	mes Fuller		Anne	Worsing		
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCE (If year, give war or date service)	16. Social Security No. 217-05-7656	Timothy Full	er, Frosi	tburg, 1	Md.
I. DISEASES OR CO		T LEADING TO DEATH	Enlessi		Int	TERVAL BETWEEN ISET AND DEATH
3D.O Antecede	nt cause(s)			4. A from 10 jump 0 0 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	N-1-1-1-4	the second second second
giving rise t	conditions, if any, (b) to the above cause underlying cause last					
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing de					
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION				AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	OF	JURY	(CITY OR 7	OWN) (OWO	COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby cert	ify that I attended t	he deceased from 194	1., 19, to Mussif.	3, 19.5.7, that	I last saw t	the deceased
alive on SIGNATURE	ur/2,1957, a	nd that death occurred at	m., from the	causes and on the	date stated	above.
won	Lane	m)	most heng	md	Mari	4195/
23. BURIAL, CREM REMOVAL (Specific Property of Part 1 a.	i(v) 3-16-1	951 Fibg. Memo	rial Park	Frostburg		(State)
REG 3-16-	LOCAL REGISTRAR'S	SIGNATURE N. POE	J. R. Durs	R		DDRESS Md.
					-	11011



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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

02132

M		The
		rmation carefully.
C	MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information consequence is especially important. Physicians: please write the causes of death clearly and
1/2)	Y. W
•		PLAINL s especiall
		WRITE
3. A15A		PLEASE

FOR MEDICAL	EXAMINERS Reg. Dist. No	4	
1. PLACE OF DEATH- COUNTY Allegany MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY)	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Md. Allega	ארר (
TOWN Cumberland 13 vrs	CITY (It outside corporate limits, write RURAL and give OR TOWN Cumberland	e nearest towo)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Queen City Hotel	STREET (If rural, give location) ADDRESS Queen City Hotel		
3. NAME OF (First) (Middle) DECEASED (Middle)	(Last) 4. DATE (Mooth) OF	(Day) (Year)	
(Type or Print) Bertha Ann G SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED,	ates DEATH March 9. AGE last birthday II under	2] 1957 1 year If under 24 hre.	
Female White (Specify) married	1 JULY 2T-TOAT DA Aus 1	Days Hours Min.	
Cook at Bolt & Forge Boo R. Rv.	Boston, Mass.	COUNTRY OF WHAT	
13. FATHER'S NAME King	14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS son) William Weber, Altoona		
18. MEDICAL CE		INTÉRVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
4211	clusion due to	at once	
Diseases or conditions, if any, (b) Coronary sclerosis			
stating the underlying cause last (c) Arterioscler	osis with hypertention	about 3	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	Yes No 🕇	
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF White at Not while INJURY m, work at work	HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and deoth in my opinion resulted from: natural causes *, accident , suicide , homicide , undetermined . SIGNATURE DATE SIGNED H. V. Deming M. D. H. L.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR John J. Hofe Combulance	ADDRESS Lyd	

VS. A15A



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of information carefully death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02133

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY COUNTILLEGANY STATE ALLEGANY MARYLAND MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give hearest town) CA Chia Displace TOWN give CUMBER LAND TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS BRADDOCK FARMS MEMORIAL HOSPITAL STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) ELIZABETH GELLNER DEATH MARCH 19 57 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birthday | If under I year WIDOWED, MARRIED Months | Days | Hours | Min. 16,1880-WHITE APRIL FEMALE (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
HOUSE WIFE

13. FATHER'S NAME LADUSTRY ornaconina wur PETER NOLAN JOHANNA COLLINS 15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, o unknown) (If yes, give war or dates of 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. MEMORIAL HOSPITAL -CUMBERLAND . MD. service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause 70x Antecedent cause(s) Diseases or conditions, if any, 50 giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (Specify) (COUNTY) (STATE) SUICIDE INJURY HOMICIDE HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 2 19, to 19, to that I just saw the deceased and that death occurred at 2:03......A.m., from the causes and on the date stated above. alive on .. (Degree or title) SIGNATURK ADDRESS 23. BURNE, CREMATION READ AL (Specifi) DATE THEREOF NAME OF CEMETERY LOCATION (City, town, or county) OR CREMATORY (State) DATE REO'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply is especially important. Physicians: please write t

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2411 N. Charles Street, Baltimore

02134

CERTIFICATE OF DEATH

		ODICE HE TOTAL	DOF DERIN	aveg.	Dist. No
1. PLACE OF DEA		MARYLAND	2. USUAL RESIDENCE (HE STATE ary Land	OME) OF DECEASE	EGUNTY
OR give near TOWN UIIIO	est town) OF Tand	AL and LENGTH OF STAY (in Shia place)	CITY (If outside corporat OR TOWN Cumberla	e limits, write RURA Nd	L and give nearest town)
HOSPITAL OR INSTITUTION STREET ADDR	OR Memorial	Hospital	ADDRESS 934 Ma	ryland, mid	ention)
3. NAME OF DECEASED (Type or Print)	Eliza (First)	J. Gil		4. DATE SMO	(Day) (Year) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 84	AGE Let birthday	If under I year If under 24 hr Months Days Hours Min
done during most of HOUSEW	JPATION (Give kind of work f working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	Chaneyville,	foreign country)	12. CITIZEN OF WHAT
Daniel W	me rightsman		Mary J. Wal	name ters	
15. WAS DECRASED (Yes, no, pranknows	Ever In U.S. Armed Forces n) (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. None	Mrs Dorthy W	ilson Cum	berland, Md.
Anteced Diseases c glving rise stating the	ate cause ent cause(s) or conditions, if any, to the above cause e underlying cause last (c) FICANT CONDITIONS thuting to the death but not	Regocari	za, Vire lelis	estyp	ONSET AND DEATH
related to the dis	ease or condition causing deat	h. FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	(Ce	OUNTY) (STATE)
TIME (Month OF INJURY	i) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCU	JR?	
alive on3 SIGNATURE 23. BURIAL, CRE BREMDYAL (Sp	MATION DATE THEREO		ADDRESS ADDRESS RY OR CREMATORY TO Alley Cem. Ne	TWO CATION (City town ar Mt. Lake	date stated above. DATE SIGNED 3/8/5/ O'county), Id. (State)
REG.	LOCAL REGISTRAR'S	SIGNATURE AND	James F. Sca		mberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15



in 18 shown on:

for addition MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

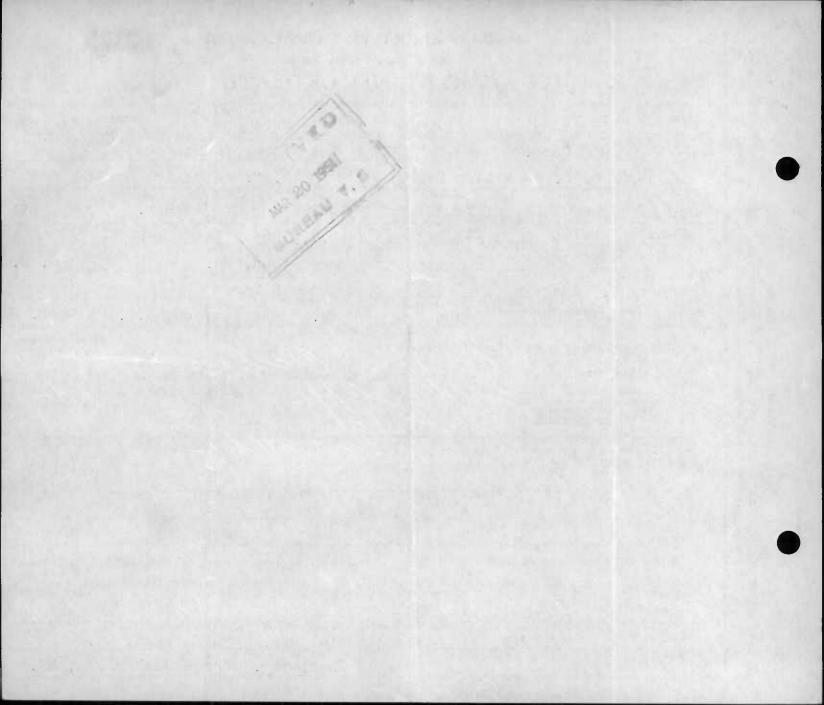
MAR 27 19 ERTIFICATE OF DEATH

02135

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (1 -1 -1 -1 (in this place)	OR D
HOSPITAL OR INSTITUTION OR D D #1 Marshar France	STREET ADDRESS P #// Moving Forms
INSTITUTION OR STREET ADDRESS R. D. #4 Mexico Farms.	ADDRESS R. D. #4 Mexico Farms
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) LOUELLA YOUNG	OF M
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	6. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs.
Formal What to WIDOWED, DIVORCED,	Months Davis Warm Warm Mar
remare will be (Specify) Wigowed	Mar. 3, 1865 86 ym.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Housewife omestic	Hagerstown, Md. COUNTRY? U. S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert L. Young	Sarah Ward
15. WAS DECRASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no er unknown) (If yes, give war or dates of service)	Mrs. Russell Hymes, R.D. #4 Cumb. Mc
18. MEDICAL CEF	TIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	Maple xc : 10
Immediate cause (a)	munds
Infiniediate cause	to weakening of heart die to
Antecedent cause(s)	(3/29/51 akc) 6 du
OHO giving rise to the above cause	f frame and
stating the underlying cause last	10.0 1
(c) Wylerta 1	Elimber olars
11. OTHER SIGNIFICANT CONDITIONS	77-11
Conditions contributing to the death but not	en mach
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
198. DATE OF OPERATION 1986 MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗍 No 🗍
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	110 11 212 1110111 000011
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from March.	9 20121 1 March 1220 1 12 12 1
22. I hereby termy that I attended the deceased from Marian.	f., 193f., to factorist Line 193t., that I last saw the deceased
alive on 4 and 9 1937, and that death occurred at 1	// P m from the sauges and on the data stated shave
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Tillany, Illimon Alt	environd red 1/2 1/1/9
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
DEMOVAL (Specify) 1	(States)
Durial 13/12/21 Davis Men	orial Cem. Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Trasen 15, 1951 Varales R. Manky 11.0.	Charles L. George Cumberland, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please



MARYLAND STATE DEPARTMENT OF HEALTH

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2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY allegany MARYLAND	STATE marsland COUNTY	alleg.
CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and giv	e nearest lown)
10 MM Camberland	TOWN Cumberland	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS 16 11. Centre 5.	ADDRESS 167 n. Centre St.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) John 1176 Warah	Tottleb DEATH S	30 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W.160 w 24	8. DATE OF BIRTH 9. AGE last birtbday If under	year If under 24 hrs.
	June 1 1872 78 ym. 2	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lybustry	M. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
Housewite Jun Frome	Cumberland, Maryland	icsu.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Herman While	Betty Levi	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, 10, 10 unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
76 (mervice)	loseen White, Cumberland, Md	•
18. MEDICAL CE	RTIFICATION	T
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) acute left	contra nota. Va ele.	2/
Immediate cause (a)	very received factorise	- nous
490 / Antecedent cause(s)	0.10 . 1/0 .	
Diseases or conditions, if any, (b)	yeprosis valle to	2 years
giving rise to the above cause stating the underlying cause last	10. 10.	
(c) Coronary	Jusuffeciency and	5 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		7 20 011
related to the disease or condition causing death.	usufficiency	· Children
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	10	20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Lucul	10 ED 40 105/ About 1 lost on	43. 4 1
22. I hereby certify that I attended the deceased from	7, 13.7, to, 13, that I last as	iw the deceased
alive on	A.m., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Tavelle a Weisman 59 Green	48 ambeland, and a	fril 2, 1951
7	RY OR CREMATORY LOCATION (City, town, or count	(State)
REMOVAL (Specify)		(
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS //
TEG 2 1951 VIllator Kovanh M. S.	9 // //	Was mad
will of 17 1 when A. arang, of 1.00.	Louis Stein, Inc., Jumple	Winds, 11 W.

PLEASE WRITE PLAINLY, WITH-POFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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morate limits

CERTIFICATE OF DEATH

Reg. Dist. No. 4

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1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY ALLEGANY MARYLAND	STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN CUMBERIAND (in This place)	TOWN CUMBERLAND
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR TAX HOODERAY	ADDRESS 131 PENNSYLVANIA AVENUE
	TOT LEWNOT PANTY WANDOR
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) EDWARD R. H	IAHNE BEATH MARCH 4, 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
MALE WHITE WIDOWED, DIVORCED (Specify) MARKIED	FEB. 19./894 57 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY B. & O.K.K.CO	Gostowa V?
13. FATHER'S NAME	MAKYLAND STA
AUGUST M. HAHNE	CHRISTINA HESS
15. Was Deckased Ever In U.S. Armed Forces? 16. Social Security No. (Yespino or unknown) (11 yes, give war or dates of 705-09-8660	17. INFORMANT AND ADDRESS
(Yeshing or unknown) (If yes, give war or dates of 705-09-8660	MEMORIAL HOSPITAL -CUMBERLAND, MD.
18. MEDICAL CER	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
BISERSES ON CONDITIONS DIRECTED IN THE PROPERTY.	ONSERT AND DEATE
Immediate cause (a)	elun,
1 Immediate cause	10/00/12/1
Antecedent cause(s)	18 Sall 1 Stad de
Diseases or conditions, if any, (b) giving rise to the above cause	Jan Janos
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	011 100 11
Conditions contributing to the death but not related to the disease or condition causing death.	High stord 1 Meses
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 - gr f f co o o o o o o o o o o o o o o o o
0 1 9 1 157 XI-113 NX111841	20. AUTOPSY?
John Jangurous	Yes No &
21. ACCIDENT (Specify) PLACE (Mome, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m, While at Not While Work At work	1.
7.1.2	1- 12 Milled 1 1-1
22. I hereby certify that I attended the deceased from flood	0. 19 0 / to HANDI 19 0 / that I last saw the deceased
/// / 0 /-1	
alive on 1991, and that death occurred at	2.20. A.m., from the causes and on the date stated above.
SIGNATURA: Degree or title)	ADDRESS DATE SIGNED
10 Correct Sunk	experel 814/31
The following	0/7/5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL ASpectly)	BUTIAL PARK CUMBERLAND, MG (State)
WERGINGS OF THE PROPERTY OF T	out tal talk oumber talla, ma.
DATE REC'D BY LOCAL RUGISTRAR'S SIGNATURE	Jaffungrap Director pelli Cumberlar Dorges
MARCA 1. 10.01 Minter & Trans M.D.	anter 1. Dett porra damoer rand, a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

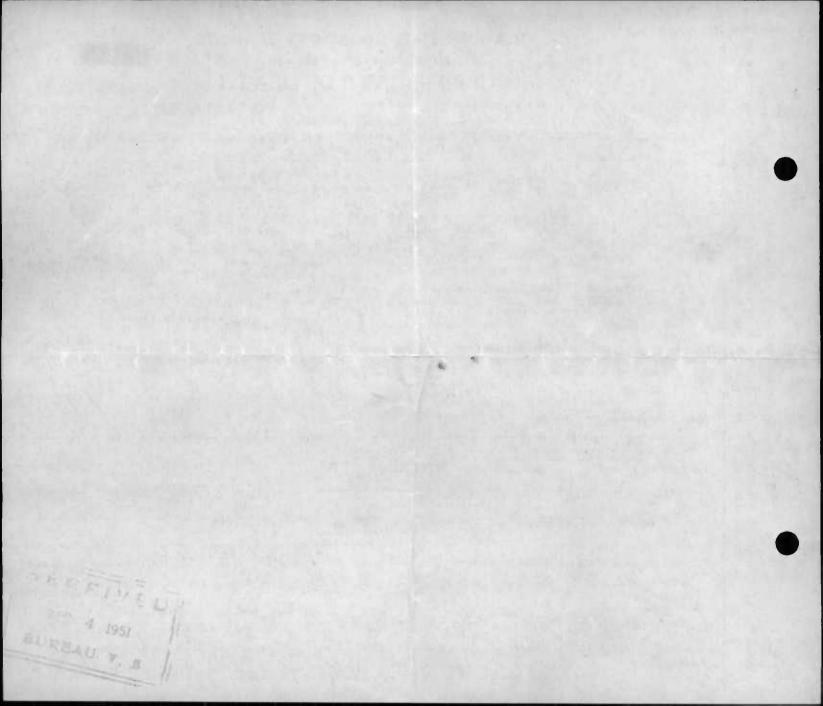
CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH OLIGANIA MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	Y allesans
CITY (If outside contrate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (in this place)	CITY (If outside corporate limits, write BURAL and give OR TOWN	ve nearest (own)
HOSPITAL OIR INSTITUTION OR Allegany Hosp.	STREET (If rural, rive location) ADDRESS 511 fayette	7.
3. NAME OF (First) (Midde) DECEASED (Type or Print) Ham:	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 2 9 195
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last hirthday If under Months	
done during most of working life, even-the enged. 10b. Kind of By inness on Industry 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even-the enged.)		COUNTRY? 454.
Folfgang Hammersmith	Cathline foster	
15. Was Decreased Ever N U.S. Armed Forces? 16. Social Security No. (Yes, no, of unknown) (Myes, give war or dates of service)	Enne Jammersmith	,
18. MEDICAL CE	RTIFICATION	7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	real dist	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	ryoranu	Vyears
422, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	cleroses	2-years
3 de stating the underlying cause last		
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(GITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAK 2	., 1951, to Maril 9, 1951, that I last s	aw the deceased
alive on 12 28, 195, and that death occurred at SIGNATURE (Degree or title)	MDDRESS and on the date st	ated above. / DATE SIGNED
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION ACITY, town, or count	30/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRARS SIGNATURE	RY OR CREMATORY LOCATION (City, town, or pount)	
Metich 30, 1951 Winter K. Franky, M.D.	Lavis Stunder Cu	L. M. Q.
	1	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. Al5



I. PLACE OF DEATH-

Allegany
CITY (If outside corporate limits, write RURAL and

TOWN Cumberland

correct

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND

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CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

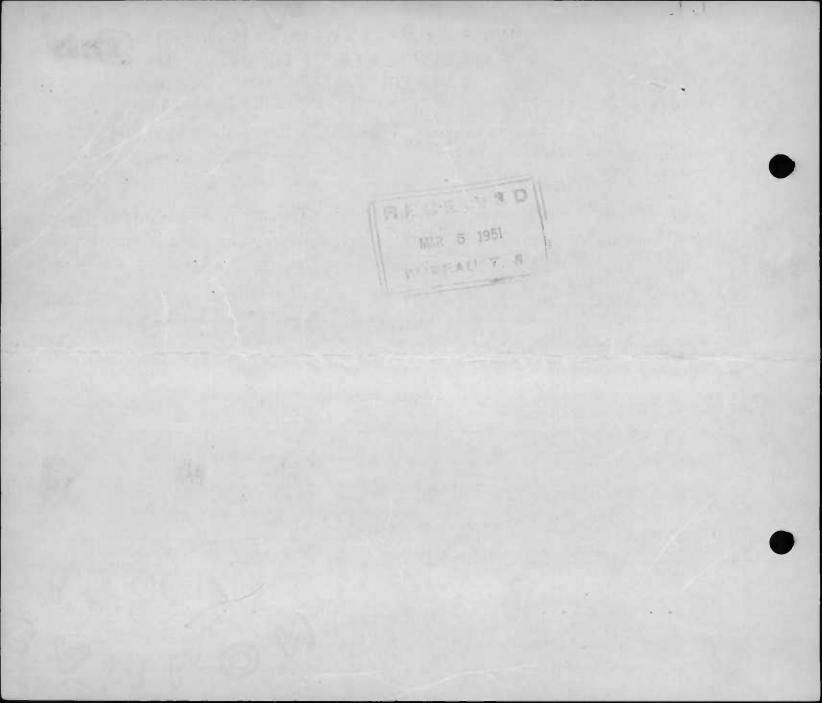
2. USUAL RESIDENCE (HOME) OF DECEASED STATE

COUNTY
Allegany
CITY (If outside corporate limits, write RURAL and give nearest town)
OR

Reg. Dist. No.....

Supply every item of information carefully write the causes of death clearly and legibly. NIARGIN RESERVED FOR BINDING UNFADING INK. PLEASE WRITE PLAINLY, WITH U is especially important.

TOWN Cumberlan	d 7 mon th's	TOWN Clum	nerland		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural, give	location)	
STREET ADDRESS 113 Col	umbia St.	113 (Columbia S	t.	
3. NAME OF (First) DECEASED	(Middle)	(Last)	14. DATE (N	lonth)	(Day) (Year)
(Type or Print) Matthew	John	Haslbeck	OF DEATH M	arch	1 151
5. SEX 6. COLOR OR R	ACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE iast birthday	If under I	year If under 24 hr
Male White	7. SINGLE, MARRIED, WfDOWED, DIVORCED, (Specify) married	Sept.21-1868	82 yrs.		Days Hours Min.
10a. USUAL OCCUPATION (Give kind	of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12.	CITIZEN OF WHAT
done during most of working life, even if r Retired salesman,	Circh Kenney Wholesa	Le Baltimore	e.Md.	U	S.A.
13. FATHER'S NAME	aroccry	14. MOTHER'S MAIDEN	NAME		
George Haslbec		Eva Kroller			
15. WAS DECRASEO EVER IN U.S. ARMEO (Yes, no, or unknown) (If yes, give war or	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND A	O CONTA IO	erland	d.Md.
no service)	none	Mrs Lawrence	: Haslbeck		
	18. MEDICAL CE	ERTIFICATION		1	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRE	ECTLY LEADING TO DEATH				ONSET AND DEATH
Immediate cause	(a) Coronary C	cclusion	*********************************		at once
Antecedent cause(s)					
Diseases or conditions, if any,	(b) Arterioscler	osis	*************************************		
940 giving rise to the above cause stating the underlying cause last					
	(e)			- 1	
11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death by related to the disease or condition caus	ut not				
19a. DATE OF OPERATION 19b. M					20. AUTOPSY?
					Yes 🗆 No 📆
21. EXTERNAL CAUSE WAS PRIMARY ON CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR	TOWN)	COUNTY)	(STATE)
TIME (Month) (Day) (Year) (I OF INJURY		HOW DID INJURY OC	CUR?		
22. I certify that I took charge of th	ction or Inquiry, find that said decident , suicide , homicide , (Degree or title) HEREOF NAME OF CEMETE 1 3 1951 HOLY	cased died on the day state undetermined	ed above, and deal) LOCATION (City, too Baltimore	March March March Marvl	DATE SIGNED h 1-1951 (State)
1 wron 3,1451 Wm	4 K. grank, III. N	MITITION II. IX	ight, cami		
				4	90609



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02140

Reg. Dist. No. 4

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY Allegany MARYLAND	STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Cumberland (in this place)	Town Cumberland
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 6 Race St.	ADDRESS 6 Race St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) James Edgar Holliday	DEATH Mar. 29. 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE iast birthday If under I year If under 24 hrs.
Male White WIDOWED DIVORCED. (Specify)Married	9-1-1989 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even it retired) happener Factory	berkley Springs, W. Va. COUNTERS U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Holliday	Virginia Boor
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
7 Yes. so, or unknown) (If yes, give war or dates of 214-07-3868	Mrs. Carrie Holliday Cumberland, Md.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	O'HOLE AND DEATH
Immediate cause (a) Circhosis	of Twee
(210)	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause	10 1 10 1 10 1 10 1 10 1 10 1 10 1 10
atating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(OTTION (OTTION)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from Jack 12	195/, to huan. 29, 195/, that I last saw the deceased
alive on Juan, 24, 1951, and that death occurred at 5	-30
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Sidnatural of the state of the	O 1 4/
inthurt. Jould h. P. 1102	Centre 24. Mar. 31, 1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	(Diago)
Burial 4-1-1951 Zion Memor	cial Cem. Cumberland, Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE /	24. FUNERAL DIRECTOR ADDRESS
March 31. 1951 / Irintes K. Tranh, M.D.	Charles L. George Cumberland, Md.
	Out of Contract

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MARYLAND STATE DEPARTMENT OF HEALTH

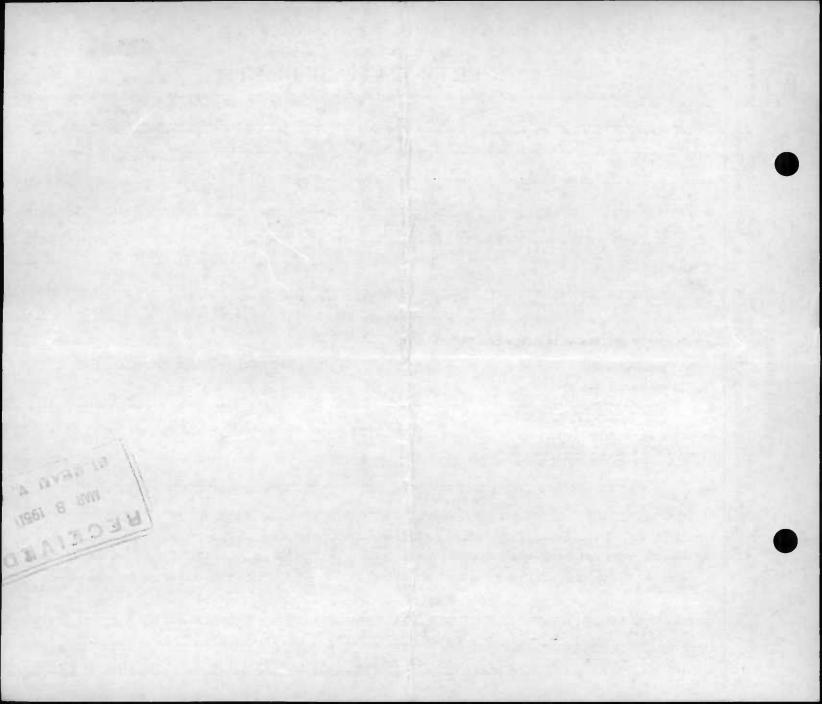
2411 N. Charles Street, Baltimore

02141

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Allegany MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) Frostburg Frostburg TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 128 E. Main St. Main 3. NAME OF (Middle) 4. DATE (First) (Last) (Month) (Day) (Year) DECEASED GEORGE KEAR HOSKEN 195] March (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs 5. SEX WIDOWED, DIVORCED (Specify) Married Months. | Days | Hours | Min. male white 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
Watchmaker-jeweler own jewelry store COUNTRY? USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Venie Fuller George K. Hosken 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of Mrs. Martha Hosken, Frostburg, Md. none nervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 420. Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? PLACE (Home, farm, factory, street, OF office bidg., etc.)
INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) INJURY OCCURRED HOW DID INJURY OCCUR? (Day) (Year) (Hour) Not While While at INJURY Work At work 22. I hereby certify that I attended the deceased from 19.4.9, to Maral, 19.1., that I last saw the deceased alive on Mark 23. BURIAL, CREMATION DATE CREMATORY LOCATION (City, town, or county) (State) Frostburg Mem'] Frostburg REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Frostburg, Durst. Md. 34817



of information carefully death clearly and legibly. MARGIN RESERVED FOR BINDING Supply every item write the causes of INK. , WITH UNFADING important. Physicians:

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02142 Reg. Dist. No.

ADDRESS

Md.

Frostburg.

CERTIFICATE OF DEATH 1. PLACE OF DEATH-USUAL RESIDENCE (HOME) OF DECEASED-STATE COUNTY Allegany Allegany Marvland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) 1(in othis place) TOWN give nearest town) Frostburg Frostburg TOWN HOSPITAL OR INSTITUTION OR (If rural, give location) STREET ADDRESS Bowery St. Miners Hospital 109 STREET ADDRESS (Middle) (Lest) 4. DATE (Month) (Day) (Year) (First) (REES) DECKASED ANN 31 151 HUGHES March DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months. | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 3-28-1874 female white 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) COUNTRY? INDUSTRY TISA home Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Eliza Watkins Evan Rees 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of Kenneth Hughes. Frostburg. Md. none acryice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT Yes [] No PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) Not While While at INJURY Work | At work 22. I hereby certify that I attended the deceased from // / 197, to May 1, 195, that I last saw the deceased alive on MAL 3 and that death occurred at 45/m., from the causes and on the date stated above. (Degree or title) ADDRESS DATE SIGNED SIGNATURE LOCATION (City, town, or county) NAME OF CEMETERY 23. BURIAL, CREMATION (State) REMOYAL (Specity) F'bg. Memorial Park Frostburg Md

24. FUNERAL DIRECTOR

J. R. Durst



VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

02143

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEAT COUNTY	rii. Allegany	MARYLAND	2. USUAL RESIDENCE (STATE Marvla		SED. COUNTY	Allega	nse
CITY (If outside OR give neares TOWN	corporate limits, write RUR.		CITY (If outside corpor		RAL and giv	e nearest tow	n)
HOSPITAL OR INSTITUTION C STREET ADDRI	OR .		STREET ADDRESS	(If rural, givo	iocation)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (1	Month)	(Day)	(Year)
DECEASED (Type or Print)	Joseph	H.	Jenkins	OF DEATH M	arch	30	1951
s. sex Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. DATE OF BIRTH Dec 22, 1882	9. AGE last birthda,	Months		lor 24 hrs.
done her most of	10a. USUAL OCCUPATION (Give kind of work dono nutral most of working life, even if retired) RECLIFED WITHER LIFE, even if retired) Note: The control of th			or foreign country)	12	COUNTRY?	S.A.
13. FATHER'S NAI	ME		Maryland	INAME			
	John Jenkins			Sarah A.Be	ond		
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	17. INFORMANT	eph Jenkins			
	100111109	18. MEDICAL CE		CON COMMINS	0.1		
I. DISEASES OR C	te cause (a)(gestive He	oN failu	R	INTERVAL E ONSET AND	DEATH
Diseases or	ent cause(s) conditions, if any, (b) to the above cause	Dufluenza.				1020	ye
33 au stating the	underlying cause last (c)	Selicosis	à asthu	400		year	N
Conditions contrib	TCANT CONDITIONS nuting to the death but not ease or condition causing deat	h.					
19a. DATE OF OP	ERATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTO	PSY?
						Yes 🗍	No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STAT	E)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work ☐ At work ☐	HOW DID INJURY OC	CUR?			
22. I hereby cer	tify that I attended the	e deceased from 26 man	A, 1951, to 30 har	ch, 19.5/, tha	t I last s	aw the dec	eased
alive on3.	o hard, 1951, an	d that death occurred at(Degree or title)	ADDRESS from the	causes and on th	e date st	ated above	GNED
John	B. Havi	e, MD	To route	rung, md	7	3/3//	51.
23. BURIAL, CREA	برويد يليد ديووا	951 Frostburg Me	morial Park	LOGATION (City, to Frostburg	wn, or count	Me	
DATE REO'D BY	LOCAL REGISTRAR'S	SIGNATURIE	M.Eichhorn	Lonacor	ing,	ADDRES	3
	0	The second secon				6500	216

THE THE RESIDENCE OF THE PROPERTY.

Marie and American Prints

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Maria Maria

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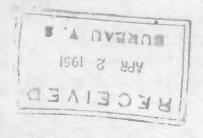
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1)2144

Reg. Dist. No..

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	had. Citteren.
CITY (If outside concerns limits, white RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give searest town OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS OF 10 Mot 1 F- 11 Mot 1	STREET ADDRESS & . L You Translation
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, event retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	REFEIGATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Cerekgal	lemorrhage 12 tis
Antecedent cause(s) Diseases or conditions, if any, (b)	empays 1
8 30 giving rise to the above cause ast (c) // Sherier	sion Serval
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While at Not While work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from MANA	26, 1957, to Man 27, 1957, that I last saw the deceased
alive on Man 26, 195, and that death occurred at SIGNATURE	m, from the causes and on the date stated above. ADDRESS DATE SIGNED
Wom fane MRO	Frestung mar 27/951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE PROPERTY OF THE PROPERT	REY OR CREMATORY (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3 29 C-	PUNERAL DIRECTOR ADDRESS
- Morning 1. 102	1) / The first of the grant of



Fi	den	ce	for	addition
	03			

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02145

HIM No. G 132 APR 13 195 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY Allegany MARYLAND	STATE Maryland Allegany	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest tow.	p)
Town Town Cumberland 20 years	TOWN Route 1, Cumberland, Rural	
HOSPITAL OR INSTITUTION OR V //- Al	STREET / (If rural, give location)	
INSTITUTION OR STREET ADDRESS fed hill	ADDRESS fed fill	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
OECEASED (Type or Print) GEORGE B.	KNEE OF March 27,1951	19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If und	er 24 hrs.
Male White Widowed d	Sept. 15, 1865 85 yrs. Months. Days Hours	Min.
100 USUAL OCCUPATE N (Give kind of work 10h, Kinn or Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
don Timber of College even if retired) INDUSTRY gging ind	Chaneysville, Pa. OSARY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Phillip Knee	Maryn??	
15 WAS DECEMBED EVER IN ITS. ARMED FORCES? 16. SOCIAL SECURITY NO	17. INFORMANT AND ADDRESS	
(Yes, po, or unknown) (If year, give war or dates of None	Mrs. Leo Donahoe, Cumberland, Md.	
	Miles goo pondies, oum versuit, mat	
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND	DEATH
Immediate cause (a) Bronot	140	211
703.0 Antecodent cause(a)	4000 Marie 1000 Marie	Marie Land
Antecedent cause(s)		
1860 Diseases or conditions, if any, (b) Jaff m	m 1/3 alls 1/2,	wil
giving rise to the above cause stating the underlying cause last	arterioralism	- Janes - Ja
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		************
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOF	SY?
	Yes []	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STAT)	
SUICIDE HOMICIDE accident OF office bldg., etc.) home	all. mi	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY Jan 1951 m. While at Not While Work At work	slipped and fell	
1	2 91 1	
22. I hereby certify that I attended the deceased from		
	, 195, to Charles 7195, that I last saw the dece	ased
The and Marke 2 a 10 11 and that death accusted at		ased
alive on 22, 19, 19, and that death occurred at		
alive on 20, 19, and that death occurred at		
alive on 22, 19. I, and that death occurred at SIGNATURE (Degree or title)		
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE	ADDRESS DATE SIGNATORY LOCATION (City, town, or county)	
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE	ADDRESS DATE SIGNAL AND MANUAL AN	NED
SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE NAME OF CEMETE	ADDRESS DATE SIGNATORY LOCATION (City, town, or county)	INED ate)
23. BURIAL, CREMATION DATE REMOVAL (Sprcify) 3/30/1951 Hill Crest	m., from the causes and on the date stated above. DATE SIGN OF CREMATORY LOCATION (City, town, or county) Cemetery Cumberland, Md.	ate)
23. BURIAL, CREMATION DATE NAME OF CEMETE HILL Crest DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG.	m., from the causes and on the date stated above. DATE SIGN RY OR CREMATORY LOCATION (City, town, or county) Cemetery Cumberland, Md. 24. FUNERAL DIRECTOR ADDRESS	INED ate)

4 19511 ABAU V. 8 The correct

MARYLAND STATE DEPARTMENT OF HEALTH

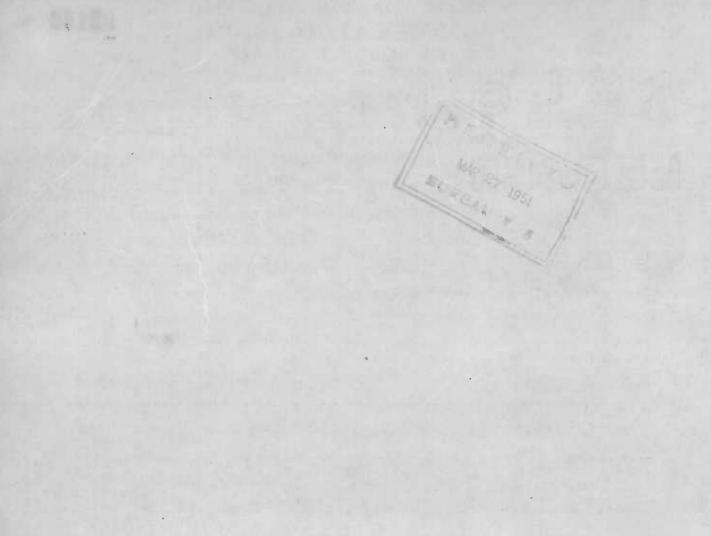
CERTIFICATE OF DEATH

02146

Supply every item of information carefully. write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

MARGIN RESERVED FOR BINDING

	FOR MEDICAL	L EXAMINERS	Rei	g. Dist. No.	4	
1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (III		COUNTY		
CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN Climberland	and this Tolace)	CITY (If outside corpora	te limits, write RUI	RAL and give	egany nearest fown	1)
TOWN Cumberland HOSPITAL OR INSTITUTION OR In water, at STREET ADDRESS OF FURNACE	dam, east end	TOWN Cumber STREET ADDRESS	(If rural, give	,		4
3. NAME OF (First) DECEASED	(Middle)	(Lant)	OF _	Month)	(Day)	(Year)
(Type or Print) Ronald 5. SEX 6. COLOR OR RACE 7	Kieth SINGLE, MARRIED, WIDOWED, DIVORCED,	Knippenberg	9. AGE last birthda	March If under 1 Months	year If unde	15] er 24 hrs
I TOM. USUAL OCCUPATION (Give kind of work 1	WIDOWED, DIVORCED, (Specify) SINGLE 10b. Kind of Business on NDUSTRY CC1001	11. BIRTHPLACE (State of	foreign country)	12.	CITIZEN OF OUNTRY?	
13. FATHER'S NAME	GUOOT	Cumberland,	NAME	Uai	5 · A ·	
Edwin Knippenberg 15. Was Decrayed Even In U.S. Ahmed Forces? (Yes. no. or unknown) (It yes. give war or dates of	16. SOCIAL SECURITY No.	Geraldine W	DDRESS			
no lservice)	none 18. MEDICAL CE		ldine Kni	<u>lppenb</u>		
I. DISEASES OR CONDITIONS DIRECTLY LE	EADING TO DEATH Sphyxia due to	accidental d	rowhing		ONSET AND about 5 min	DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	•		2011 10000 * 4.00 00 00 00 00 00 00 00 00 00 00 00 00		00 AD 88 64 house- units qual n	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 19b. MAJOR FIN	NDINGS OF OPERATION				20. AUTOP	No BE
CAUSE OF DEATH.	C (Home, farm, factory, street, office bidg., etc.) in dam y end of Furna	ce St. Cumber	land Al	(COUNTY)	Md v	A .
OF N	NJURY OCCURRED While at Not while work at work	how DID INJURY OCC clay bank an	d fell ir	ng,sli wate:	pped or,8 ft	n
22. I certify that I took charge of the remains obtained by said Autopsy, Inspection or I from: natural causes , accident SIGNATURE	nguiry, and that said dece	ased died on the any states	, Inquiry * the d above, and deat	ereon and f th in my c	rom the evid opinion rest	ulted
H. V. Deming M. D. W. W. D. 23. HURIAL. CREMATION DATE THEREOF REMOVAL (Specify) March 23,14	NAME OF CEMETE		Mar OCATION (City, to Cum Ser /	wn, or county	-1951 (St	tate)
DATE REC'D BY LOCAL BEGISTRAR'S SIGNAPORTOR OF THE PROPERTY OF		24. FUNERAL DIRECTO		le la	ADDRESS	,



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12147 9
Reg. Dist. No. 9 Reg. Dist. No.....

I. PLACE OF DEATH-			2. USUAL RESIDENCE (HOME) OF DECEASED.		
Allegally MARYLAND			Maryland Allegally		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY				ate limits, write RURAL and	give nearest town)
OR give nearest	Frostbur	(in this place)		tburg	The second
HOSPITAL OR			STREET	(If rural, give location)	
INSTITUTION OF STREET ADDRESS	ss Miners	Hospital	ADDRESS 62 B	owery Street	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	ANNIE	K	YLE	OF March	17, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday 1f und	er 1 year Hunder 24 hrs.
female	white	WIDOWED, DIVORCED, (Specify) Married	3-22-1882	68 yrs.	Days Hours Min.
10a. USUAL OCCUPA	ATLON (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
done during most of v	rorking life, even if retired)	INDUSTRY home	Frostburg,	Maryland	COUNTRY? USA
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		
JAMES	STEVENS		MARY ANN	EDWARDS	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If year, give war or dates of service)	none	John Kyle,	Frostburg	Md.
		10 SERDICE OF	DELET CAMILON		1.
I. DISEASES OR CO	NDITIONS DIRECTLY	18. MEDICAL CE	KILLICATION		INTERVAL BETWEEN ONSET AND DEATH
		Naca	01-11		- 10
Immediate	e cause (a)	wronas	y occus	6n	Z/Skys
40, / Antecedent cause(s)					111008
940 Diseases or conditions, if any, (b) What for the first the fir					1 year
giving rise to stating the u	o the above cause inderlying cause last		/		
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contribu	iting to the death but not	h			
	se or condition causing deat	FINDINGS OF OPERATION			1 20. AUTOPSY?
ISA. DATE OF OFE	TOTAL TOTAL MALITOUR X	The state of the s			
21 ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	: (CITY OR T	OWN) (COUNT	Yes No O
21. ACCIDENT SUICIDE HOMICIDE	OF INJU	office bidg., etc.)	(0111 016 1	(00011	A) (SIAIE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY	m.	While at Not While Work At work			
		in)	15 - 17	
22. I hereby certify that I attended the deceased from					
alive on MUN 17, 1957, and that death occurred at Dilb m., from the causes and on the date stated above.					
alive on	Y. T J	(Degree or title)	ADDRESS	causes and on the date	DATE SIGNED
1019	mo L	(- 0	1-11/	(m/	2-111-5-1
100	111 Fare	7/1/2	Bothele	1/11/	2-19-01
23. BURIAL, CREM	ifur) a			OCATION (City, town, or cou	
BUI'131 Spec	13-20-			Frostburg,	Md.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
REG 3- 20-	51 AUG. X	auch N. Rose	J. R. Durs	st, Frostbur	g, Ma.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

02148

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

THE COLOR PROPERTY	
I. PLACE OF DEATH- COUNTY OFFICE ONLY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If out the corporate limits, write RURAL and LENGTH OF STAY OR give strest town) (in this place)	CITY (If outside corporate limits, write RURAL and give negret town)
HOSPITAL OR 30 yrs.	TOWN Cumberland
INSTITUTION OR STREET ADDRESS 624 Shriver and	ADDRESS 624 Sauver ane.
3. NAME OF First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) 5. SEX COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 hrs.
(Specify) Married	Sept 6, 1895 55 yrs. Months Days Hours Min.
done during most of working life, even if retired) Line Tay St. Line of Business of Line Tay St. Line Tay St. Line of Line Tay St. Line of Line Tay St. Line of Line	11. URTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY S.
Aguiel Zancaster	14. MO HER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS A A A A A
(Yes, no, or unknown) (If yes, give war or dates of 214-07-0070	Mrs John Jancaslar Cumberbud Md
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
((101(p) ON A	Ochion Diate
Immediate cause	no office of
720, Antecedent cause(s) Diseases or conditions, if any, (b)	leng ranger / lu
94 a giving rise to the above cause ast (c)	cle lingly
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby cartify that I attended the deceased from 5	19 , to 19 , that I last saw the deceased
	m. from the causes and on the date stated above. ADDRESS DATE SIGNED
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNED
REMOVAL (Specify)	RY OR CHEMATORY LOCATION ACIty, town, or equnty) (State)
DATE REGID BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 27, 1951 Winter R. Srank, M.D.	John J. Hale Cumberland Turk
	0 0 7631111

A.R. 4 1951 |

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

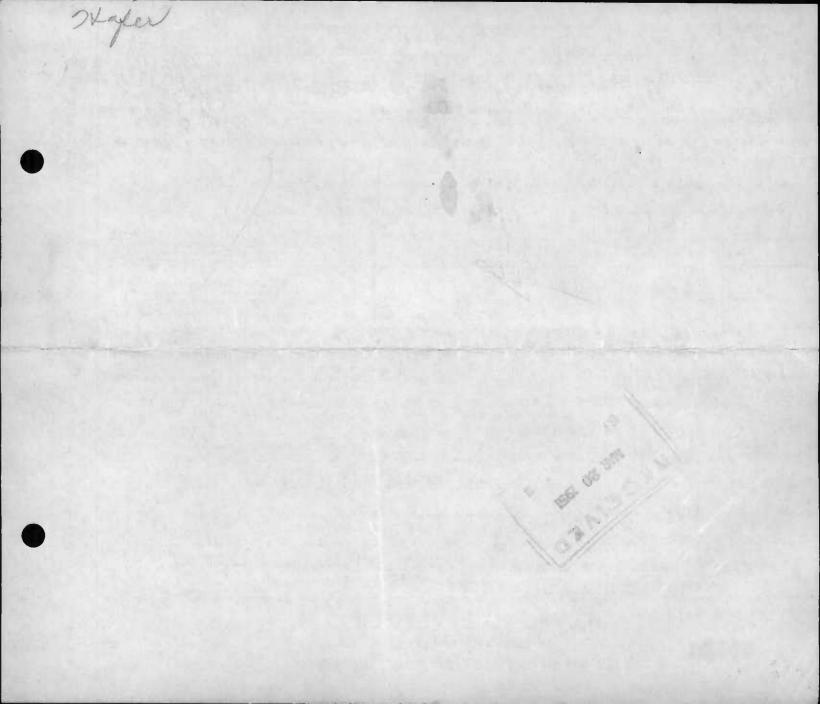
2411 N. Charles Street, Baltimore

02149

CERTIFICATE OF DEATH

g. Dist. No. 4

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	Allegany
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR //give nearest town) / (in this place)	CITY (If outside corporate limits, write RURAX and give nearest town)
TOMBAS Comberland Cura z 7 vears	Model Comberland, Rusal
HOSPITAL OR INSTITUTION OR TO THE PARTY OF T	STREET (If rufal, give location)
INSTITUTION OR STREET ADDRESS Bouman's Addt, R.F.D. #3	Proute 3, Downans adam.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Clayton Calvin	Lee DEATH March 13 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs.
WIDOWED, DIVORCED, (Specify) Widowed	April 9,1870 80 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Bedford Co., Pa. COUNTRY A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Lee	Harriett Deal
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Prov Lee Wellersburg, Po.
18. MEDICAL CE	RTIFICATION
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,	ONSET AND DEATH
Immediate cause (a) Chronic	My ocarelos is attendanted 8 4
1/22 / Internate tauso	N. A.
Antecedent cause(s)	geroses
934 Diseases or conditions, if any, (b) giving rise to the above cause	***************************************
stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
11/0 /	2/1-/
22. I hereby certify that I attended the deceased from 1/20/5	19, to M. 13
alive on 3 5, 19 and that death occurred at	14/2 Pm from the source and on the date stated along
SIGNATURE A (Degree or title)	ADDRESS DATE SIGNED
Call of Table 140	16. 1
your a sopper no	Nulvam 1/2 3/16/51
23. BURIAL, ORGANITION DATE THEREOF NAME OF CEMETE REMOVAL Specify)	(State)
Buria March 16,1951 Chaneysville	Methodist Cometery Chancysville. For.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4	24. FUNERAL DIRECTOR ADDRESS
Thister 16. 1951 Writes K. Janla. M.D.	John J. Hoser Comband will
	of the formal of the second of



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

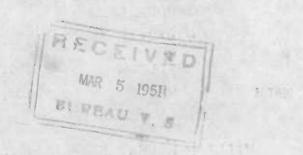
02150

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE	(HOME) OF DEC	EASED.	
COUNTY ALLEGANY	MARYLAND	STATE MAKYI	AND	COUNTY	LEGANY
CITY (If outside corporate limits, write RUOR givo nearest town CUMBERLA)	ND LENGTH OF STAY	OR TOWN FROS	TBUKG	RURAL and give	nearest town)
HOSPITAL OR ME MONIAL INSTITUTION OR ME MONIAL INC.	UACDTMAT	STREET 13 C	(If rural,) ENTENNIA	rive location) L STREE	r
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print) WILLIAM	ROBERT	LLEWELLYN.	JA . OF DEATH	MAKCH	2 51
MALE 6. COLOR OR RACE WHITE	WIDOWED STNOTCED,	FEBRUARY935	9. AGE last hirt	hday If under 1 Months	year If under 24 hrs Days Hours Min.
tha. USUAL OCCUPATION (Give kind of wo done during most of working life every it retired	rk 10b. Kind of Business on d) Industry	MAKYLAND	e or foreign country	1 12.	CITIZEN OF WHAT
WILLIAM KOBEKT		14. MOTHER'S MAIDE EVELYN			
15. WAS DECRASED EVER IN U.S. ARMED FORG (Yes, no or unknown) (If yes, give war or dat bervice)	DES? 16. SOCIAL SECURITY NO.		ADDRESS PITAL, C	UMBERIANI	D.MD.
	18. MEDICAL CE				
I. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	acidous, Felyd Fiabetes	ration	******************************		**************************************
Antecedent cause(s) Diseases or conditions, if any, (b)	Fiabetes				
giving rise to the above cause stating the underlying cause last					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no related to the disease or condition causing d					
19a. DATE OF OPERATION 19h. MAJOI					20. AUTOPSY?
					Yes 🗗 No 🗆
SUICIDE	LACE (Home, farm, factory, street, office hidg., etc.) JJURY	(CITY OF	t TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	While at Not While	HOW DID INJURY O	OCCUR?		
22. I hereby certify that I attended	the deserred from march	2 10 5" to Marc	k2 1051	that I last so	m the deceased
		_			
alive on March 2, 195/, SIGNATURE	and that death occurred at	ADDRESS	ne causes and or	the date sta	ted above. DATE SIGNED
Thomas Robinson.	m. A.	32 s Liberty A.	aumberl	and, md	3/2/51
23. BURIAL, CREMATION DATE THEF	REOF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City		(State)
	'S SIGNATURE	24. FUNERAL DIREC		11 1	ADDRESS
March 3, 1951 Winter	1 8. Menh 11. D.	Lands &	4441 1100	thurs	MIN

VS. A15



T-981,41 (**)

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

			16
Reg.	Dist.	No	7

Frorate limits MAR		PARTMENT OF HEALTH Street, Baltimore	02151
	CERTIFICAT	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH- COUNTY Allegany CITY (If outside corporate limits, write RURA OR give nearest town) TOWN Cumber land HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany	5 days	Town Frostburg,	PDECEASED-COUNTY ATTEMPT AND WRITE RURAL and give nearest town)
3. NAME OF DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE W 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RELITED (13. FATHER'S NAME)	(Middle) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S 10h. KIND OF BUSINESS OR INDUSTRY GROCERY	(Last) McAtee 8. DATE OF BIRTH 4. DATE OF BIRTH 4. 2-T883 11. BIRTHPLACE (State or foreign co Maryland 14. MOTHER'S MAIDEN NAME Katherine Farrel 17. INFORMANT	th March 3 1951 st hirthday If under 1 year If under 24 hrs. yrs. Months. Days Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? S. A.
Antecedent cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Conditions contributing to the death but not	Holeeyle	entification Syndro	INTERVAL BETWEEN ONSET AND DEATH
HOMICIDE INJUI	INDINGS OF OPERATION CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) HOW DID INJURY OCCUR!	20. AUTOPSY? Yes No (COUNTY) (STATE)
22. I hereby certify that I attended the alive on 3, 3, 19, 5, and SIGNATURE 23. BURIAL CREMATION DATE REMOVALI (SPICIFY) 3-6-I95. DATE REC'D BY LOCAL REGISTRAR'S SREEG.	that death occurred at (Degree or title) NAME OF CEMETE St. Patric	RY OR CREMATORY LOCATION CKS Cemetery Mt. S 124. FUNERAL DIRECTOR	(City, town, or county) (State)

VS. A15

MA GVERIER IN MINERAL PROPERTY OF THE PROPERTY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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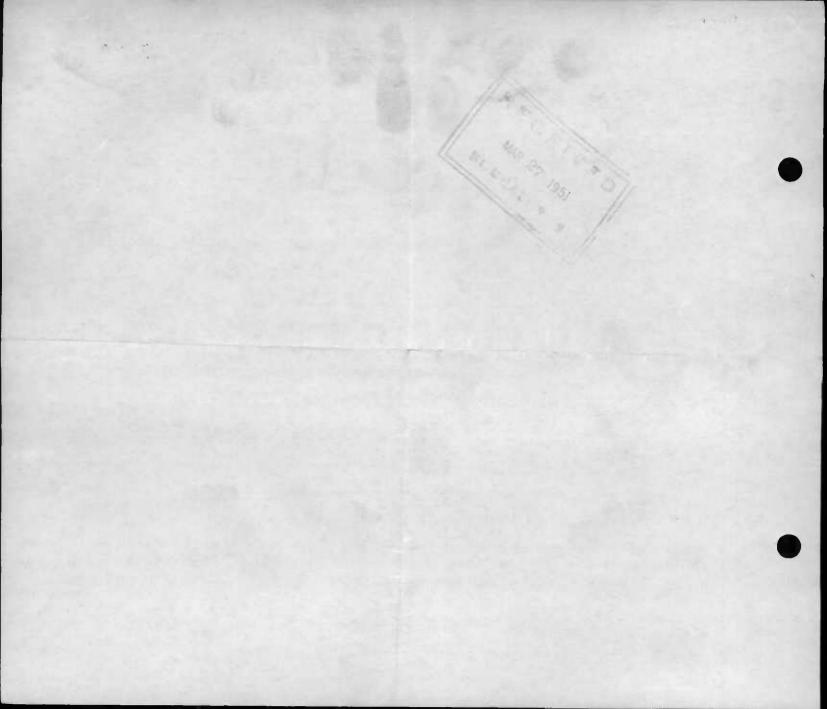
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dlst. No. 4

1. PLACE OF DEAT	н.		2. USTAL RESIDENCE (H		
COUNTY	Allegany	MARYLAND	STATE Marylan		Tiegany
CITY (If outside of OR give nearest	corporate limits, write RURA t town) Cumberlan	L and LENGTH OF STAY	CITY (If outside corporation or Cumberla	te limits, write RURAL a	nd give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R = 0 4 Tet 1 .		STREET ADDRESS 504 Wa	(If rural, give locati	reet
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month	(Day) (Year)
DECEASED (Type or Print)	James	Lester	McRae	DEATH Marc	h 19 195
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Jan25 1889	9. AGE last birthday II M. M. Yrs.	under I year II under 24 hrs.
100 USUAL OCCUP	ATION (Give kind of work gorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRIBLE OKET	Shepardstown,		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM	Æ E		14. MOTHER'S MAIDEN	NAME	
Davi	d MeRae		Louisana M	ask	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, howor unknown)	(If yes, give war or dates of service)	OI (Mrs James McR	lae, Cumberl	and, Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	ONDITIONS DIRECTLY	Chonic_	- Kalvular	Henst	ONSET AND DEATE
422,2 Antecede	nt cause(s) conditions, if any, (b)	Disin	2		
92 & giving rise to stating the	to the above cause	Chronics	myocarke	in hariner	alexan
Conditions contrib	ICANT CONDITIONS outing to the death but not nee or condition causing deat	ch.	0		
19a. DATE OF OPE	ERATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSYT
					Yes 🗆 No 🗹
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR T	OWN) (COU	INTY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the deceased from >:15-, 1939, to 3.19-, 1951, that I last saw the deceased					
3					
alive on SIGNATURA	1931 Jan	(Degree or title)	ADDRESS.	causes and on the da	DATE SIGNED
// //	1. J. //11	lumo M	1) Klumb	Hand	13.61
23. BURIAL, CREM REMOVAL (Spe	MATION DATE THERE			Cumberland,	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE M.D.	William. H. F	Right Cumber	land, Md.
1 May William	1	1 1 1 1			



CERTIFICATE OF DEATH

02153

County Cem. | Cumberland, Md. | 24. FUNERAL DIRECTOR ADDRESS | William H. Kight, Cumberland, Md.

970 UVV

FOR MEDICAL EXAMINERS

Reg. Dist. No.

The correct UNFADING INK. Supply every item of information carefully. it. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING is especially important. WITH WRITE PLAINLY PLEASE

		FOR MEDICAL	2 EMAINING	Reg. Dist. No)
1. PLACE OF DEA	TH·		2. USUAL RESIDENCE (1	IOME) OF DECEASED.	,
	Allegany	MARYLAND	STATE Md.	Allega	nv
OR give near	corporate limits, write RURA		CITY (If outside corpora	te limits, write RURAL and give	re nearest town)
TOWN CL	imberland	45 yrs place)	TOWN Cumber]	anc	
HOSPITAL OR INSTITUTION	OR.		STREET	(If rural, give location)	
STREET ADDR	Ess rear 339 F	redrick St.	rear, 339	Fredrick St.	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Rellv		Means	DEATH March	26 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If under	1 year If under 24 hrs
male	colored	WIDOWED, DIVORCED, (Specify) Widower	7 1867	83 yrs. 1	
done during most of	PATION (Give kind of work working life, even if retired)	196. Kind of Business or	11. BIRTHPLACE (State o		COUNTRY?
Retired I	aborer.	vaa sore	14. MOTHER'S MARDEN	a bama I	LS.A.
13. FATHER'S NA				NAME	
14 77 - 7	Unknown	· · · · · · · · · · · · · · · · · · ·	Unknown		
	EVER IN U.S. ARMED FORCES?		17. INFORMANT AND A		
no	service)	1	old chart in	n hospital.	
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR	CONDITIONS DIRECTLY I	LEADING TO DEATH			ONSET AND DEATH
Immedia	ite cause (a)	Coronary occl	usion due to		at once
450. / Anteced					
Diseases o	r conditions, if any, (b)	generalized a	rterioscieros	18	
7 400 stating the	to the above cause underlying cause last				
	(e)				1
	FICANT CONDITIONS buting to the death but not				1
related to the dis	ease or condition causing death				
19a. DATE OF OP	ERATION 19b. MAJOR F.	INDINGS OF OPERATION			20. AUTOPSY1
					Yes No 5
21. EXTERNAL C PRIMARY OR C CAUSE OF DEAT	CONTRIBUTING OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	rown) (COUNTY)	(STATE)
	TH. INJU (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR1	
OF INJURY		While at Not while work at work			
22 I cortifu that	I took charge of the remai	ns described above, held an A	Interest Inspection A	Inquiry + thereon and	from the evidence
obtained by 8	aid Autopsy. Inspection or	Inquiry, find that said dece	ased died on the day state	d above, and death in my	opinion resulted
from: natur	al causes 💥 accident 📋	, suicide , homicide ,	undetermined .		T 9 x 44.
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED
H.V.Demi	na 11 D H-V1	Jaming Man. C	umberland . Md.	March 2	26-1951
23. BURIAL, CRE	MATION DATE THEREO	F NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, town, or coun	ty) (State)
REMOVAL (Sp Buria)		7 Milegany C	county Cem.	Cumberland, Md	
		GRATURE	24. FUNERAL DIRECTO	R	ADDRESS

8705 O 67 4 1951 BURBAU V. p The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02154

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County.	mi alla
City or tewn	State County City or town 7201 (Cury County)
How long in above place of dealh? 6 Eas. 16 June	City or town
Hospital, Instilution, or street address where death occurred:	Street No. 74
mines Ho Spital.	(If rural, give bo (ATION)
How long in hospital or institution? 6 kgs, 16 min.	2.(a) If veleran, name war h.t., 2 Bay 487
3. (a) FULL NAME	3. (b) Social Security Number
Boby Boy morgan	- (Premation beith) zoone.
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION
In W Premation infant	20, DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wife.	the second secon
8 (a) 14 allius alus age	
7. Birth date of	and that I lest saw h/ M. alive on
deceased (mo., day, yr.) 3 - 6 - 5 1	Immediate cause of death
8. AGE: Years Months Days If less than one day 6 min.	Prenatur buth (25 weeks.)
9. Birthpiace Frostling, md, alley co.	Breech delivery
9. Birthplace	
1D. Usual occupation	
fan .	Due to
11. Industry or business	
= 12. Hame games 2 dwere morgan	Dither conditions
12. Name games Edward morgan 13. Sirthpian Vale Summit - mg.	761:5
M 5-T 0 4/ 1	(Include pregnancy within 8 months of death)
14. Maiden name Belly tow Highe	160 C Major findings ul aperationa
\$ 15. Birthplace Front hong, Mil.	Date of op.
2 /5)	
18. Informant Mass: game & mog ar	Autopsy results
Address R+2 Box 487. Frostkung, md.	
2 6 5	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
4 VII. VII.	Where did labory necur?
Cemetery or crematory Hastilling Melisonal Coll	Where did injury occur?
Location Trustling , Sud.,	injured et home, farm, industry, public place (where?)
19. Funeral director	Means of Injury Injured at work?
Address Tusting	R.D. Dill hand.
10000	23. SIGNATURE
19. 3-7 1951 NW. Haucy Vol Registrar	Address Frostlyging Bate signed 3/6/5/

HID ON TO THE TEXT STATE OF A PARK

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

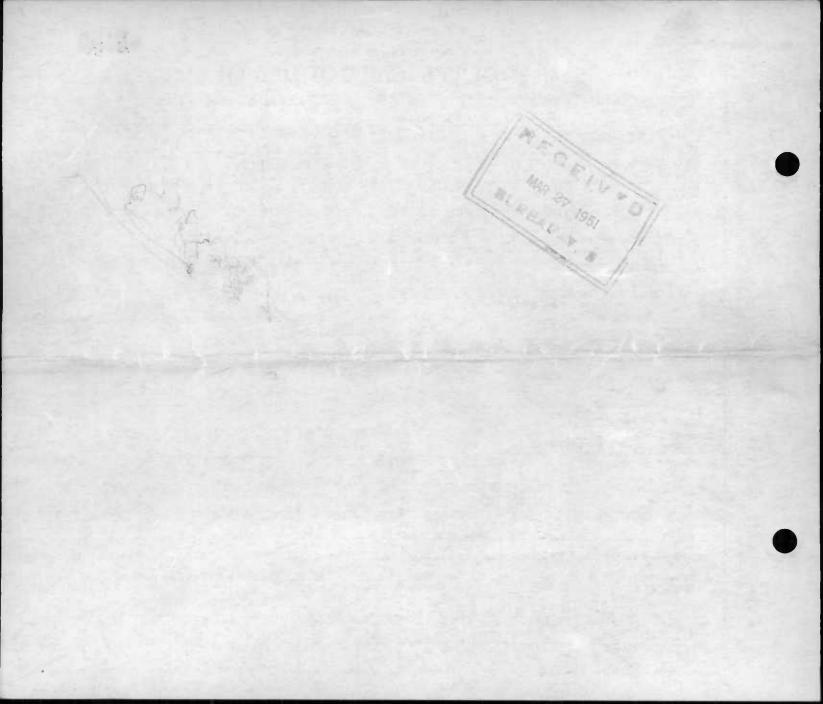
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02155

CERTIFICATE OF DEATH

COUNTY	Allegany	MARYLAND	STATE Maryland Coun	Tilerany
CITY (If outside cor OR give nearest t TOWN	porate limita, write RUR.	AL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and a TOWN Cumberland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	177.00	dospital	STREET ADDRESS 601 North Mechanic	St
3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) Matthew	(Last) I. DATE (Month) Nimick OF DEATH March	(Day) (Year)
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) AGTION	yrs.	er 1 year II under 24 hr ns. Days Hours Min.
done during most of vo	TICN (Give kind of work rking life, eyen if retired)	INDUSTRYSt Peter	d Cumberland, and	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Unknown	Paul Cemetery	14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECRASED EVE (Yes, no, or uoknown)	er In U.S. Armed Forces (If year, give war or dates of service)	214-14-7853	Mrs Daisy Nimick Cumberl	and, Md.
Immediate Antecedent	cause (a)	LEADING TO DEATH Pyelo Me	phrifis	ONSET AND DEATH
II. OTHER SIGNIFIC Conditions contributi related to the disease	ANT CONDITIONS ing to the death but not or condition causing deat	h.		1 20. AUTOPSY?
21. ACCIDENT		CE (Home, farm, factory, street,	; : (CITY OR TOWN) (COUNT	Yes No D
SUICIDE HOMICIDE TIME (Month) (OF INJURY	OF INJU	office bldg., etc.)	HOW DID INJURY OCCUR?	I) (SIAIE)
22. I hereby certify alive on Manager SIGNATURE 23. BURIAL, CREMA-REMOVAL (Specific Parter REC D BY LO	TION DATE ar 22	NAME OF CEMET	ADDRESS S. Cestre St. ERY OR CREMATORY LOCATION (City, town, or country Cumberland, 124. FUNERAL DIRECTOR	stated above. DATE SIGNED M. 21, 1951 Inty) (State) ADDRESS
Mich > > 19	951 Writes &	Nanh, M.D.	William H. Kight, Cumberla	
		U'		970746



age

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

02156

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (H		COUNTY ALLEGANY
A	LLEGANY	MARYLAND	Maut		
OR give negacity	porate limits, write RUR BERLAND	AL and LENGTH OF STAY (in 2 thin Alexa)	OR OLDI	te limita, write RUR	AL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	MEMORIAL	HOSPITAL	STREET ADDRESS	(If rural, give	location)
3. NAME OF	(First)	(Middle)	(T A)	LA DAMB	
DECEASED (Type or Print)	LAWSON		(Last)	OF	ARCH 17, 195
6. SEX	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	OCT. 13. 1889	9. AGE last birthday	If under 1 year If under 24 h Months Days Hours Min
done during most of wo	TION (Give kied of work rking life, even if retired)	10b KIND OF BUSINESS OR	MARYLAND		12. CITIZEN OF WHA COUNTRY? U.S.
FARMER 13. FATHER'S NAME		Just Jacon	14. MOTHER'S MAIDEN	NAME	1 0.00
CODUMBU	S C NITYON		ELTZA LEAS		
15. WAS DECKASED EVE	ER IN U.S. ARMED FORCES	17 16, SOCIAL SECURITY NO.	2.0	ADDRESS	
(Yes, no, or the wn)	(If yes, give war or dates ervice)	1 /4/100	MEMORIAL HOS		JMBERLAND, MD.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEE
I. DISEASES OR COM		LEADING TO DEATH			ONSET AND DEAT
		Portusions	Pineane		194000
Immediate	cause (a)	100000			700
250 / Antecedent					
870 giving rise to	nditions, if any, (b) the above cause derlying cause last			7770-888-99-987-984 - 9-8 word design seave to a ce e e e e	***************************************
	(e)				1
11. OTHER SIGNIFIC Conditions contribut related to the disease	ANT CONDITIONS ing to the death but not or condition causing dear	th.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No Z
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY) (STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	URI	
INJURY	m.		1 pm 1-		
22. I hereby certif	y that I attended th	e deceased from 1940	, 19, to 17 Ma	19.5 /, that	t I last saw the deceased
alive on 101	ma. , 19. 4/, ar	d that death occurred at(5:00 A.m., from the	causes and on th	e date stated above.
Ins. alhes	Va ouma	7	ambilona	I and.	17 mas. 57
23. BURIAL, CREMA REMOVAL (Specif		OF NAME OF CEMETE	11 4	OCATION (City, toy	/
DATE REG D BY L	1/20/0	SIGNATURE +	24. FUNERAL DIRECTOR	umberland	ADDRESS
March 20,19	5/ Winter,	R. Nang, M.D.	I Louis Steer	i me!	umberland, Md
		0			240116

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02157

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAT	и•		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTYLEGA	NV	MARYLAND	STAFARYLAND	CO1	GARRETT
	corporate limits, write RUR		CITY (If outside serve	rate limits, write RURAL a	GARRETT
OR give pearen	ERLA ND, MARYI	AND (in this place)	OR TOWN GRANTS		id give nearest town)
HOSPITAL OR INSTITUTION O	MEMORIAL H	OSPITAL	STREET ADDRESS	(If rural, give location	(n)
	SSCUMBERLAND.	MARYLAND	(L		
3. NAME OF DECEASED (Type or Print)	(First) KAY	(Middle) ELLEN	(Last) PAUL	4. DATE (Month) OF DEATH MARC	TT C =
FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday If u	
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State) MEYERSDA	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
	PH W. PAUL		HELEN WI		
	ver In U.S. Armed Forces (If yes, give war or dates of service)			ADDRESS SPITAL.CUMBE	DIAND MD
100	18ct vice)	18. MEDICAL CE		SI LIAL COMDE	MLAND, MD.
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	Tuberen	0	INTERVAL BETWEEN ONSET AND DEATE
Immediat	e cause (a)	meleasy	/ /www.cu	lons	AWKS
1/12					
Diseases or giving rise t	nt cause(s) conditions, if any, (b) o the above cause underlying cause last				**************************************
	(c)				
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.			
		FINDINGS OF OPERATION			1 20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR)	rown) (COUN	Yes No
SUICIDE HOMICIDE	OF INJU	office bidg., etc.) JRY	(OIII OR	(COUP	ITY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
		2 11	5/2	7 51	
22. I hereby cert	ify that I attended the	deceased from	, 195 /, to 3 -	6., 195/, that I la	st saw the deceased
alive on 3	1/2 105/	d that death occurred at	1 7 - (1)		
SIGNATUDE	, 15, 811	(Degree or title)	ADDRESS	causes and on the dat	DATE SIGNED
- N- U	Visua	Lou we 1	6 yours	Luberlan	
23. BUBIAL, CREM REMOVAL (See	(vi)	NAME OF CEMETER	RY OR CREMATORY I	LOCATION (City, town, or	county) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	OR CONTRACTOR	ADDRESS
mascy 1,1°	1	. //V///// // // // // // // // // // //	THE THE PART OF THE PART AND A STATE	A TAXALA CILI	
	a how we way	- Harris	College About	The state of the s	salahelle

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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PLEASE

VS. A15

The correct

Durette

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02158

1. PLACE OF DEATH			2. USUAL RESIDENCE (I	HOME) OF DECEAS	ED. COUNTY
Alle		MARYLAND	1/0	Allego	751)
OR give nearest TOWN	town) /	AL and LENGTH OF STAY (in this place) 49 11 2075		nte limits, write RUR.	AL and give nearest town)
HOSPITAL OR	s Allegany	7	STREET	(Il rural, give i	
3. NAME OF	(First)	(Middle)	(Last)		
DECEASED (Type or Print)	Mary	Agnes	Perdew	OF DEATH	Tar, 4 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	Sept. 2, 1872	9. AGE last birthday 78 yrs.	If under 1 year If under 24 hr Months Days Hours Min
	TION (Give kind of work orking life even if retired)		11. BIRTHPLACE (State of		12. CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
llou	May Die 9 TER IN U.S. ARMED FORCES		Make	noron	
(Yes, no, or unknown)	(If yes, give war or dates (service)		17. INFORMAN" AND	dew, Cum.	berland, Md.
		18. MEDICAL CE			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	0	0.	INTERVAL BETWEEN ONSET AND DEATE
T 10 4	- (4)	Looner	any pro	whom	3 with
H2 Immediate	cause (a)	0-	0	***************************************	***************************************
94 giving rise to	onditions, if any, (b)	Green	wseters	248	3-71
stating the un	nderlying cause last				
	ting to the death but not				
	e or condition causing deat	n. FINDINGS OF OPERATION			1 00 1 VIIII O DOSVO
192. DATE OF OFER	CATION 135. MASON 1	INDINGS OF OFEREITON			Yes No N
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR 1	(NWO)	COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	fy that I attended the	e deceased from	, 1951, to	4, 19.5 (that	I last saw the deceased
alina on Dor	a. 3 10 5/00	d that death occurred at	130 Am from the	anusas and an the	data statud ab
SIGNATURE		(Degree or title)	ADDRESS	causes and on the	DATE SIGNED
Cl.	- Som	ext en. s	Combo	had -	3/7/5-1
23. BURIAL, CREMA REMOVAL (Speci	(y) M 6 2		thodist Cometery		
DATE REC'D BY I			24. FUNEBAL DIRECTO	R	ADDRESS
March 7,19	13/1 W/mes 7	- grang, 11.2	John Gitta	Lev, Cumb	wand reld.

Dr. Dunett.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02159

CERTIFICATE OF DEATH

1. PLACE OF DEATH-, 2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY HILEOUNY MARYLAND STATE MOVY ON COUNTY	Alledon
OR give nearest town) + house A LENGTH OF STAY OR OR (in this place) OR	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 3	
3. NAME OF (First) (Middle) (Last) (4. DATE (Month) OF	(Day) (Year)
(Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, WIDOWED, DIVORCED, WIDOWED, WI	29 195/ I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY,	CITIZEN OF WHAT
13. FATHER'S NAME	D. S.A.
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. 17. INFORMANT AND ADDRESS R.F.D. # 18. April 19. April 1	Bivo Md
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) 7001 gRew 3 Visland	Syear
20/XAntecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	4640 00 00 000 000 000 000 000 000 000 0
442 stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE OF office bldg., etc.) PLACE (Home, farm, factory, street, including the control of t	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Not While Not Work At work	
22. I hereby certify that I attended the deceased from 1949, 19 to 1951, 19 that I last se	w the deceased
alive on Febr. 10, 1951, and that death occurred at 12 2.m., from the causes and on the date standard SIGNATURE. (Degree or title) ADDRESS	ted above.
A. Wolfermen M.D. Frostburg	3-30-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or count Frostburd Memorial Park Frostburd Frostb	Ma-
TATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 3. S1. S1 NUL MILLOLON TO Jacob Hafev FI	rostburg, Ma



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

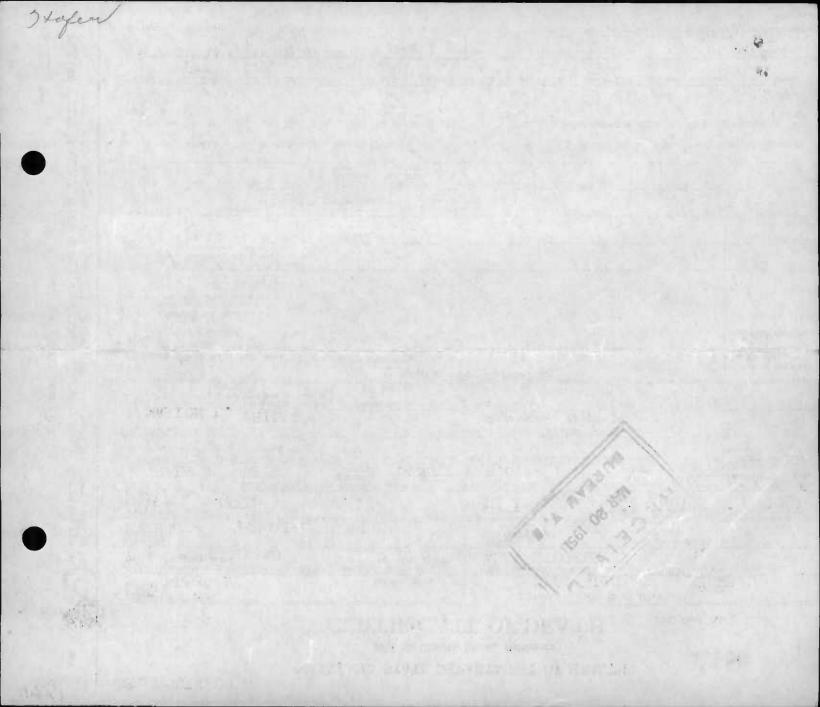
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02160

I. PLACE OF DEATH- COUNTY ALLEGANY MARYLAND	2. USI'AL RESIDENCE (HOME) OF DECEASED. STATE WEST VIRGINIA COUNTY AT.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) LAND (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIDGELEY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	STREET (If rural, give location) ADDRESS 202 MAIN STREET
	TOT MILITORING
3. NAME OF DECEASED DAVID Wesley	PHILLIPS OF MARCH 15 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	S. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. FEB. 6, 1951 5 WEEKS Months Java Hours Min. 11. BIRTHPLACE (State or foreign country) MAINTENERS OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business on Industry	11. BIRTHPLACE (State or foreign country) IMMEDICITIES OF WHAT COUNTRY? 317
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MARION I PHILLIPS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	EEEANOR JANE PERRY 17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Murion L. Thillips, Ridgoley, W. Va.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) meningities, H	. Influenzal
F 11	
Antecedent cause(s) Diseases or conditions, if any, (b)	
33.4 giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
OF A COLD ENTE (No. of the ACE (Home form feature at rest	: (CITY OR TOWN) (COUNTY) (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Mile at Not While INJURY — At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from many	11, 19.51, to March 15, 19.51., that I last saw the deceased
	10:30
alive on March 15, 1951, and that death occurred at 15 SIGNATURE: (Degree or title)	
	a S. Leberty A. Cumberland, md 3/16/60)
REMOVAL (Specify) Mar. 18 1951 Parsons Ce	me fery Parsons, W. Vo.
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	La FUNERAL DIRECTOR Company ADDRESS
The man to the tent of tent of the tent of	



CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE	(HOME) OF DECEASI	COUNTY allegang
CITY (If outside corporate limits, write RURAL and CINGTH OF STAY OR give nearest ovn) (in this place)	TOWN Kee	rae alle	Yand give nearly t town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rural give io	cation)
3. NAME OF (First) DECEASED (Type or Print) DANCY Ellen (Type or Print)	Platt	4. DATE (MOF DEATH	onth) (Day) (Year) 3 3 195
female While Specific (Specific Specific Specifi	8. DATE OF BIRTH	9. AGE last hirthday	If under 1 year If under 24 hr Months Day Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY INDUSTRY	11. DIRTIPLACE (State	or foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME, Slates	14. MOTHER'S MAIDE	Twia-	
15. Was Deceased Eversin U.S. Armed Forces? 16. Social Security No. Yes, no, or unknown) (If year, give war or dates of legical)	Mrs ofal	Tweng	
18. MEDICAL CER I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Uspocards	· Lo		2 w/20.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the nhove cause	Leficien	y - Lews ron	240
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	x Hype	, leus ron	5-10 y
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	- A		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office hidg., etc.)	(CITY OF	TOWN) (0	Yes No COUNTY) (STATE)
SUICIDE HOMICIDE OF office hidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY C		
SUICIDE Office hldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not While Work At work	HOW DID INJURY C	CCUR?	COUNTY) (STATE)
SUICIDE OF office hldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from	How did injury of to 3.	CCUR?	I last saw the deceased date stated above.
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY 22. I hereby certify that I attended the deceased from	HOW DID INJURY C	CCUR?	I last saw the deceased
SUICIDE OF office hldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on 3-30, 19-51, and that death occurred at SIGNATURE OF office hldg., etc.) INJURY Work Not While At work Obegree for title	How did injury of to 3.	CCUR?	I last saw the deceased date stated above. DATE SIGNED 3-31-3 n, or county) (State)

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

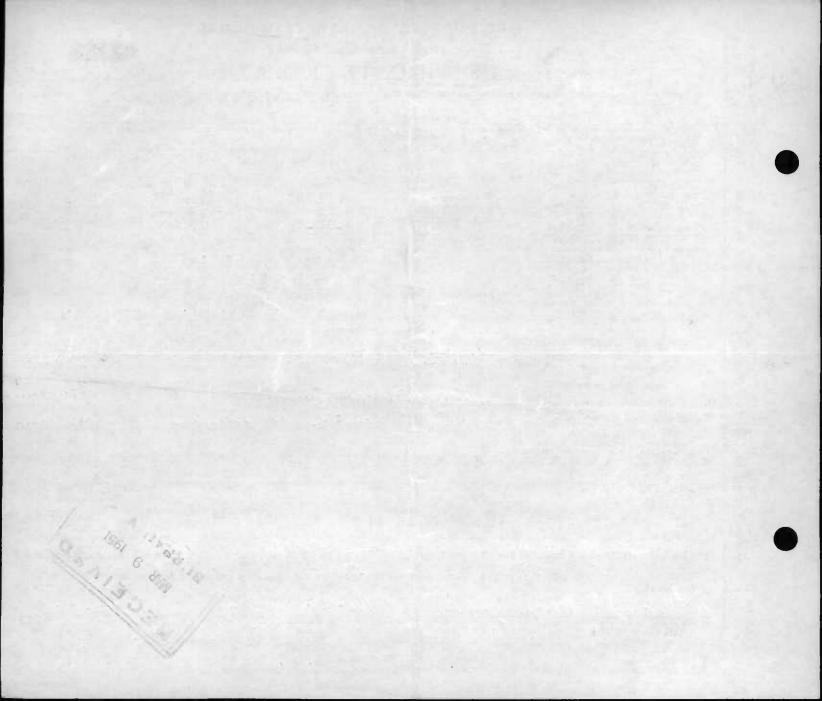
2411 N. Charles Street, Baltimore

12162 g

Reg. Dist. No. 10

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (HOME) OF DECEASE	ED.		
COUNTY	Allegany	MARYLAND	STATE Mary	land	COUNTY	A17	egany
OR give nearest	orporate limits, write RURA		CITY (If outside corpor OR TOWN Mt.	Savage			
HOSPITAL OR INSTITUTION OF STREET ADDRE			STREET ADDRESS	(If rural, give lo	eation)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Me	onth)	(Day)	(Year)
(Type or Print)	MARTHA	SOPHIA	POLAND	OF DEATH Mar	ch	6.	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1	year If u	nder 24 hrs
female	white	WIDOWED, DIVORCED (Specify) WIOOWEO	1-30-1874	77 yrs.	Months. I	Days Ho	ours Min.
done during most of v	ATION (Give kind of work corking life, even if retired)	10b. Kind of Business on Industry home	Mt. Savage,	Md.	12. Co	CITIZEN OUNTRY?	USA
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN				
Johr	n Hinckle		Ellen Fin	dlay			
15. Was DECRASED E (Yes, no, or unknown)	ver In U.S. Armed Forces? (If year, give war or dates of service)	16. SOCIAL SECURITY No. NONE	John Polan	d, Mt. Sav	age,	Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Mital Standard					BETWEEN ND DEATH		
Diseases or giving rise t	nt cause(s) conditions, if any, (b)	maderal sty	perturin	2		344	y less -
II. OTHER SIGNIFI	inderlying cause last (c)	. mone on Ra	uton Fall.	Hedder		4/71	L
		INDINGS OF OPERATION				20. AUT	OPSY?
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	rown) (C	COUNTY)	(STA	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby cert	f week week	deceased from		19/95, that	I last say	w the de	eceased
alive on	, 19.57, and	d that death occurred at	ADDRESS		date stat	DATE S	re. SIGNED
Welliam 23, BURIAL, CREM	ATION I DATE	MANE OF CEMETER	M Llowage M	LOCATION (City, town	Mores	-6-	1951
Burial Spec	Mar. 8	151 St. George	's Episcopal	Mt. Savage	, or county	d.	(State)
3 REG. 2-5	LOCAL REGISTRAR'S S		J. R. Dur	st, Frostb	urg,	ADDRÉ Md.	SS



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

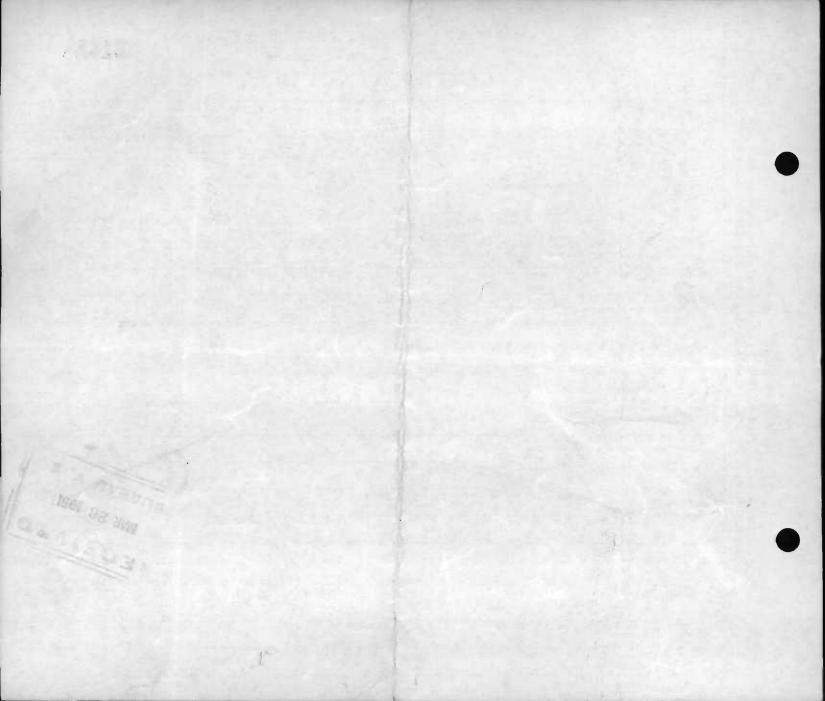
2411 N. Charles Street, Baltimore

02163

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest towns LENGTH OF STAY (in this place) CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HOSPITAL OR STREET (If paral give location INSTITUTION OR ADDRESS 132 STREET ADDRESS 3. NAME OF (Middle) (Last) DATE (Month) (Day) (Year) DECEASED OF (Type or Print) crocko 3 DEATH 16 19 5/ 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5. SEX 6. COLOR OR RACE S. DATE OF BIRTH 9. AGE last birthday If under I year | If under 24 hrs. Months | Days | Hours | Min. 75 423-1875 16a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR ERTHPLACE (State or foreign country 12. CITIZEN OF WHAT done during most of working life, everyl retired) INDUSTRY COUNTRY 13. FATHER'S NAME -com 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 444X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No Yes 🗍 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work | At work , 19 to // Mile, 192/, that I last saw the deceased and that death occurred at alive on.m., from the causes and on the date stated above. ADDRESS SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY LOCATION (City, town, or county) (State) REMOVAL (Specify) -195 REGISTRIAR'S SIGNATURE DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

02164

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY MARYLAND MARYLAND	PENNSYLVANIA BECOUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN CUMBERLAND MARYLAND 2 DAYS	TOWN EVERETT	
HOSPITAL OR INSTITUTION OR MEMORIAL HOSPITAL	STREET (If rural, give location) ADDRESS 909 N. SPRING ST.	
STREET ADDRESS	909 N. SPRING ST.	
3. NAME OF CENTED TOOK PIN	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) WILLIAM JOSE PH	PRICE DEATH march	19 151
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	S. DATE OF BIFTH 9. AGE iast birthday Il under 1 Mouths	year If under 24 hrs. Days Hours Min.
MALE WHITE WIDOWED, DIVORCED, (Specify) SINGLE	12-29-50 yrs. 1 2 lo	401
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most pf working life, even if retired) INDUSTRY None	EVERETT PA.	USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
SAMUEL PRICE	RUTH VIRGINIA OLESON	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	11 11 2
(Yes, no, or unknown) (If yes, give war or dates of None	Memorial Hospital Cumberlar	ICL, MC.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
I. DISERSES ON CONDITIONS DELLEGIST	1	7-60
Immediate cause (a) // // // //	a comment	or cexy
	1- C/ 177-0	2-11.
756. Antecedent cause(s) Diseases or conditions, if any, (b)	en stoucen uniles.	1 cay
giving rise to the above cause	1	
/22 & stating the underlying cause last	yrone delecers	12 45
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	of Ileen -	Somin
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Ĉ.	20. AUTOPSY?
		Yes No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INJURY TOTAL CONTROL OF THE PROPERTY OF THE PR	7 57 3 ,0 17	
22. I hereby certify that I attended the deceased from.	7, 1957, to 3/9, 1957, that I last sa	w the deceased
	. 21	
	ADDRESS ADDRESS	DATE SIGNED
SIGNATURE (Degree or title)	2/1 (1)	(300
Allason 126	account. Callera	eck ///
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE		
REMOVAL (Specify) Mar 21 1951 Reformed Y	ellow Creek (Rural) Everett	Pa.
DATE REED BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
TIMEC GA 10-11/11 10 1/ da		1 1 17
11000 180 195 (MANULIK: 1800M)	Shoemaker Funeral Home Eve	erett Pa.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02165

I. PLACE OF DEATE COUNTY	Allegany	MARYLAND	2 USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Allegany
CITY (If outside ec OR give nearest TOWN	rostbur Frostbur	AL and LENGTH OF STAY (in this place)	CITY (U outside corporate limits, write RURAL and give TOWN Frostburg	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R 31 Beall	St.	STREET (If rural, give location) ADDRESS 31 Beall St.	I I SW I FOR
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECRASED (Type or Print)	WILLIAM	DAVID	REESE DEATH March	28, 1951
s. sex male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTICO	12-2-1876 74 yrs.	Days Hours Min.
10a. IISHAL OCCUPA	ATION (Give kind of work cosking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Wales	COUNTRY? USA
13. FATHER'S NAM	lean Ri	eese	MUNICIAN BALLEN	
15. WAS DECRASED EX (Yes, no, or unknown)	VER IN U.S. ARMED FORCES! (If year, give war or dates o service)	16. Social Security No.	17. INFORMANT AND ADDRESS Richard Reese, Frostburg	, Md.
		10 1/201011 000	PTIPICATION	INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY			ONSET AND DEATH
			Tive. P. 40.0	18 Drs -
Immediate	e cause (a)	ucule conge	estive heart failure	10 are-
Hal Introdes	nt cause(s)	0		
461 1		Coreland Th	Crombosis	7 days.
A giving vise to	conditions, if any, (b)	Sufference	1	8 doys.
Conditions contributed to the disease	ICANT CONDITIONS uting to the death but not use or condition causing deat	· Silicosis	eg severe	50 gra
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION		20. AUTOPSY?
				Yes No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR TOWN) (COUNTY)	
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
			0 . 48 20%	
22. I hereby cert	ify that I attended the	e deceased from	P., 1948, to 28 hord, 195/, that I last s	aw the deceased
alive on 25	work 19 51 an	d that death occurred at	ADDRESS	ated above.
SIGNATURE	BG	(Degree or title)	7 10 50	DATE SIGNED
Toth		wis, M.D.	youlding mod.	3/29/5/
23. BURLAL, CREM REMOVAL (Spec	city) DATE	NAME OF CEMETE F bg. Memo	/ -	Md. (State)
DATE REC'D BY		SIGNATURE OF A	24. FUNERAL DIRECTOR	ADDRESS
PEC -	C1 2111 11	MILLEN W. TOP	J. R. Durst, Frostburg,	Md.



VS. A15

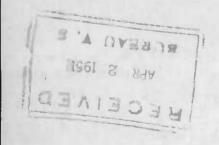
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No...

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
ally any MARYLAND	Maryland allegans
	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town (in this place).	OR
TOWN // / Doctoury /2 Hours	TOWN & maconing
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Mules H ospital	ADDRESS The Attack
	1 1 2 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
3. NAME OF (First) (Middle)	(Lagt) 4. DATE (Month) (Day) (Year)
(Type or Print) William a.	eidles DEATH March 26 1957
E COLOR OR RACE 17 SINGLE MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs
WIDOWED, DIVORCED,	Montha David Traum Min
Male White (Specify) Married	NN. 16-1895- 55 yrs. Montas. Days Hours Will.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of proriting life, even if retired) INDUSTRY	COUNTRY?
Retired mines Cool Mine	Jonaconing, mod 14. S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
7+ energy 11 orders	Christing Dayd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Ver no or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
1/11 service) Was I 216-07-2783	Mrs Mary Jeedly Lanaconing and
18. MEDICAL CEI	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
20.	3. 11
Immediate cause (a) John prile	emonia - ross. toc. 2 was.
Immediate cause	
Antecedent cause(s)	
(7.1	
Diseases or conditions, if any, (b)	approximation was jacon
109 giving rise to the above cause stating the underlying cause last	
scaling the underlying cause time	Lovas premoved.
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	in Klaus to Jan Unit
related to the disease or condition causing death.	MA I TOMORDIA - CONTINCT
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 👺
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.)	(000111)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m. Work At work	
0/00	2011 2/21 2011
22. I hereby certify that I attended the deceased from	, 19.3./., to, 19.3, that I last saw the deceased
21-1-1-1-1	-45°a
alive on 3/25, 195, and that death occurred at x	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
() (a	
Lieux manne, ann M.O	Long 1 onen mi 3/21/51
23. BURIAL, CREMATION DATE NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	EY OR CREMATORY LOGATION (City, town, or county) (State)
12 west march, 20 73/1 Class 1760	nettry maconing, mis
DATE REC'D BY LOCAL REGISTRARS SIGNATURE	24 FUNERAL DIRECTOR O ADDRESS
REG. 20 26 ST DILL MALLEL WILLE	Mr Carollenas Incorporate h. A
JAN JULIA MULLINA	The Course of Connecounty mes
	191011
	630216



02167

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

led Dist No

675466

	FOR MEDICAL	LEAANIINERS	Reg.	Dist. No.
I. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE	(HOME) OF DECEASE	ED. COUNTY
Allega	any Maryland		1	llegany
CITY (If outside corporate fimits, write	e RURAL and LENGTH OF STAY	CITY (If outside corpo	rate limits, write RURA	Illegranty Land gre nearest town)
OR give nearest town) TOWN Frostburg	12 vears	OR TOWN Fros	tburg	
HOSPITAL OR INSTITUTION OR		STREET	(If rural, give lo	
	Tain St.	203	W.Main St.	- 6 - 1
3. NAME OF (First) DECEASED	(Middie)	(Last)	4. DATE (Me	onth) (Day) (Year)
(Type or Print) Wilson	1 Eugene	Rizer	OF DEATH Ma	rch 30 195
5. SEX 6. COLOR OR R.	ACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH		If under I year If under 24 hrs Months Days Hours Min.
male white	WIDOWED, DIVORCED. (Specify) Married	Feb. 6-1913	38 yrs.	Months Days Hours Min.
IOa. USUAL OCCUPATION (Give kind o	work I 10h KIND OF BURINDER OF	II. BIRTHPLACE (State	or foreign country)	1 12. CITIZEN OF WHAT
Sniner at the	Ptired) INDUSTRY Elanese Corp. of Am	251 0		COUNTRY?
done during most of working life, even if re Spiner at the Ce 13. FATHER'S NAME	Turiosc Outpour Am	14. MOTHER'S MAIDE	N NAME	10.S.A.
Howard Rizer	STATE OF THE	Amanda (
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown) (If yes, give was or VCS service) W. W. K	2 ^{dates of} 214-07-4110		W. Rizer	
AG2 (service) M • M • V			1/7767	
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRE	CTLY LEADING TO DEATH			ONSET AND DEATH
	Camanant acc	lucion		24 222
Immediate cause	(a) Coronary occ	Tuston	**************************************	at once
(20) / Antecedent cause(s)				
Diseases or conditions, if any,	(b) Coronary scl	erosis	707 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	?
giving rise to the above cause stating the underlying cause last				
1 4 0 status cus distribute (acons last	(a)			
II. OTHER SIGNIFICANT CONDITIO	NS			
Conditions contributing to the death bu	it noi			
related to the disease or condition causi 19a. DATE OF OPERATION 19b. MA				- Vimonava
DATE OF OFERATION	SOR FINDINGS OF OPERATION			20. AUTOPSY?
91 EXEMPLAY GAVED WAS				Yes 🗆 No 🖄
21. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR	TOWN) (C	COUNTY) (STATE)
TiME (Month) (Day) (Year) (H	lour) INJURY OCCURRED	HOW DID INJURY OF	CCUR?	
OF INJURY	m. While at Not while			
INJURI	m. I work at work			
22. I certify that I took charge of the	remains described above, held an A	lutopsy [Inspection]	*. Inquiry * there	on and from the evidence
obtained by said Autopsy, Inspec	tion or Inquiry, find that said dece	ased died on the day stat	ed above, and death	in my opinion resulted
from: natural causes *, accid	dent , suicide , homicide , (Degree or title)	undetermined		
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
II II Domina II D	K+1/1) 1200	On the season of the	2 250	mah 70 1052
H.V. Deming M.D.	JEREOF Wemmarkha	Cumberland, Mc		rch 30-1951
Buria Tenerity) 4-2-			LOCATION (City, town	
		rial Park	Frostburg,	Md.
DATE REC'D BY LOCAL REGISTI		24. FUNERAL DIRECT	OR	ADDRESS
REG 3-31.51 MIN	Mallell XI. KAS	J. R. Dur	st. Frost	hurg. Md.

VS. A15A

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



correct

The

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

02168

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MARGIN RESERVED FOR BINDING

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

3				
Th	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.		
	Allegany Maryland	STATE		
2 %	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RORAL and give nearest town)		
33	Town cumberland 32 vrs	OR	e nearest town)	
er e	HOSPITAL OR	Town Cumberland		
ca G	INSTITUTION OF	STREET (If rural, give location)		
u u	STREET ADDRESS 1019 Gay St.	303 Magruder St.	1 1 E	
y y	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)	
na		Robinson DEATH March		
le	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	RObinson DEATH March 8. DATE OF BIRTH 9. AGE last birthday If under	25 151	
n d	WIDOWED DIVORCED	Months	Days Hours Min.	
fi	male colored (Specify) married 10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business OR	July 10-1882 68 yrs. Months	A	
de C	10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired)		COUNTRY?	
of	done during most of working life, even if retired) Barbar 13. FATHER'S NAME	Baltimore Md	II.S. A	
es it	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
T.V.	Thomas Robinson	Teah Jones		
S 2	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16 SOCIAL SECURITY NO	Leah Jones 17. INFORMANT AND ADDRESS		
be be	(Yes. no, or unknown) (If yes, give war or dates of			
Supply every item of information carefully write the causes of death clearly and legibly-		wife) Nellie Washington Ro	binsen	
4.5	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN	
£ 50 €	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
INK.				
E E	Immediate cause (a) Coronary occi	usion due to	at once	
A d	420. / Antecedent cause(s)		SWANN IN	
C S	Diseases or conditions, If any, (b) Coronary scle	rogia	, 6	
Ze	giving rise to the chouse source	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
i. D	93 d stating the underlying cause last		about 3	
A	(c) Myocardial de	generation	vears	
Za	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
5	related to the disease or condition causing death.			
H	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?	
产艺			Vos D No D	
层直	21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No W	
PLEASE WRITE PLAINLY, WITH UNFADING is especially important. Physicians:	PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(00011)	(511111)	
25	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
ZE	OF While at Not while			
Pe P	INJURY m. work at work			
2 %	22. I certify that I took charge of the remains described above, held an A	utonsy Inspection & Inquiry & thereon and	from the evidence	
27.	1 Oblained by said Autonsy, Inspection or Inquiry find that said dece	aged died on the day stated above and death in my	opinion resulted	
	from: natural causes *, accident , suicide , homicide .	undetermined .	· · · · · · · · · · · · · · · · · · ·	
-	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED	
>	6/1/2			
-	H.V. Deming M. Dart-V. Demang M. A. Cu	mberland.Md. March 2	6-1951	
S	23. PORIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count		
Y	Mulan -0,101 Va summer	Cem. Qumberland	MX.	
7	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
0.	Total x 1951 Usute 1 fort mx	Louis Veri Sac Carel	1412	
	1 the late of the	The land	. /// .	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

290116

CEI	RTIFICAT	E OF DEAT	TH Reg	. Dist. No.	••••••
1. PLACE OF DEATH- COUNTY	MARYLAND	2. USUAL RESIDENCE	HOME) OF DECEAS	COUNTY COUNTY	
OR give neglest town	(in this place)	TOWN Jul	le Onl	AL and give nearest tow	vn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	0	STREET ADDRESS	(If rural, give	location)	
(Type or Print) Raymond	Lee 5	Sheppard.	OF DEATH	Month) (Day)	(Year)
male white WIDO	WED DIVORCED,	8-le 18 1881	9. AGE last birthday	Months Days Hou	der 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	ND OF BUSINESS VE	11. BIRTHPLACE (State	or creign country)	COUNTRY?	· S.
Jacob Sheppard	OCIAL SECURITY No.	17. INFORMANT AND	ADDRESS		
15. NAS DECEASED EVER IN U.S. REVED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	18. MEDICAL CE	Mrs anna	Tan-4061	Oldlown Fel	Cele
I. DISEASES OR CONDITIONS DIRECTLY LEADIN	TO DEATH		-	INTERVAL I ONSET AND	
Immediate cause (a)	carele	o mell	edus	24	est
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last				***************************************	******************
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	hr. mi	Jocardo	tis	lye	ar
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			Yes	PSY?
21. ACCIDENT (Specify) PLACE (Hom SUICIDE OF office b	e, farm, factory, street, idg., etc.)	(CITY OR	TOWN) (COUNTY) (STAT	
TIME (Month) (Day) (Year) (Hour) INJURY While at Work		HOW DID INJURY OF	CURi		
22. I hereby certify that I attended the decease alive on Mar 6, 195, and that a SIGNATURE R. W. Orevaskia, Sr. M.		1 2000, to max 2 2000, from the ADDRESS	causes and on th		
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Speelty) March 19,1951 DATE RECYD BY LOCAL REGISTRAR'S SIGNAT	NAME OF CEMETE		LOCATION (City, tov	or county) (S	(ate)
TAGES A 10 10.CI MALL	Henous 3/2/es	100	Thata O	O ADDRES	5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15



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2 ..

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02170

CERTIFICATE OF DEATH

4

MALE WHITE (SpecifyARRIED 1/10/190/ 1 04 yrs.)	(Day) (Year)
CITY (If outside corporate limits, write RURAL and OR glve nearest town) OR glve nearest town) OR glve nearest town) OR glve nearest town) OR OLDTOWN MARYLAND HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL 3. NAME OF DECEASED (Type or Print) OF OF OF OR ARCE (Middle) OF OF OF OR ARCE (Month) OF OF OF OR ARCE (Month) OF OF OR ARCE (Month	(Day) (Year) 29 195119 ar I year If under 24 hr a Days Hours Min. 12. CITIZEN OF WHAT
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL (Middle) (Last) 4. DATE (Month) OF DEATH MARCH SEX 6. COLOR OR RACE WIDOWED DIVORCED, (SpecifMARRIED) 1/10/1267 84 yrs. MALE WHITE 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 13. FATHER'S NAME HENRY R. SHRYOCK 15. Was, Decrased Ever In U.S. Armed Forces? 16. Social Security No. 17. Informant And Address 18. Social Security No. 18. Social Security No. 18. Social Security No. 19. Social Security No. 19. Social Security No. 19. Social Security No. 10. Social Security No.	29, 1951 19 er I year Hours Min 12. CITIZEN OF WHAT
DECEASED (Type or Print) ALFRED SHRYOCK DEATH MARCH TO SEX SEX COLOR OR RACE WIDOWED DIVORCED, SPECIMARRIED OF DEATH MARCH DEATH MARCH DEATH MARCH SEX SEX OF DEATH MARCH DEATH MARCH DEATH MARCH SEX SEX OF DEATH MARCH DEATH MARCH SEX SEX SEX SEX SEX OF DEATH MARCH DEATH MARCH SEX SEX SEX SEX SEX OF DEATH MARCH SEX SEX SEX SEX OF DEATH MARCH SEX SEX SEX SEX OF DEATH MARCH DEATH MARCH SEX SEX SEX SEX OF DEATH MARCH DEATH MARCH SEX SEX SEX SEX SEX OF DEATH MARCH SEX SEX SEX SEX SEX SEX SEX SE	29, 1951 19 er I year Hours Min 12. CITIZEN OF WHAT
6. COLOR OR RACE WHOWED DIVORCED, S. DATE OF BIRTH 9. AGE last birthday If under Month MALE WHOWED DIVORCED, (Specific RARRIED). 10a. USUAL OCCUPATION (Give kind of work done during nost of working life, even if retired) 12b. Kind of Business or Houstry Amn MARYLAND 13. FATHER'S NAME HENRY R. SHRYOCK 14. MOTHER'S MAIDEN NAME ELIZA HAMILTON 15. Was, Decrased Ever in U.S. Armed Forces? (Yes, no, of highnown) (If yes, give war or dates of the control of the contr	er I year II under 24 hr la Days Hours Min 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 13. FATHER'S NAME HENRY R. SHRYOCK 14. MOTHER'S MAIDEN NAME ELIZA HAMILTON 15. Was Decreased Ever In U.S. Armed Forces? 16. Social Security No. 17. INFORMANT AND ADDRESS 18. FORMANT AND ADDRESS 18. FORMANT AND ADDRESS 18. Social Security No. 18. FORMANT AND ADDRESS 18. FORMANT AND ADDRESS 18. Social Security No. 19. Kind of Business or II. BIRTHPLACE (State or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME ELIZA HAMILTON 17. INFORMANT AND ADDRESS	Comments
13. FATHER'S NAME HENRY R. SHRYOCK 14. MOTHER'S MAIDEN NAME ELIZA HAMILTON 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, of unknown) (If yes, give war or dates of the control of	UNITED 5
(Yes, no, or inknown) (If yes, give war or dates of	
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Wracon	2 wes
150, Antecedent cause(s) Disease or conditions, if any, (b).	Som
giving rise to the above cause ast (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yea No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNT OF office bldg., etc.)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCUR? OF Work At work	
22. I hereby certify that I attended the deceased from 22. 1, 1957, to 200.30, 1957, that I iast	
alive on 19.57, and that death occurred at 10.30 km., from the causes and on the date	stated above.
cloud Lund M. D RESS Cumbelled	3 SI SI
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or countries of the c	inty) (State)
DATE REG'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS

APR 4 1951 BUREAU V. B

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

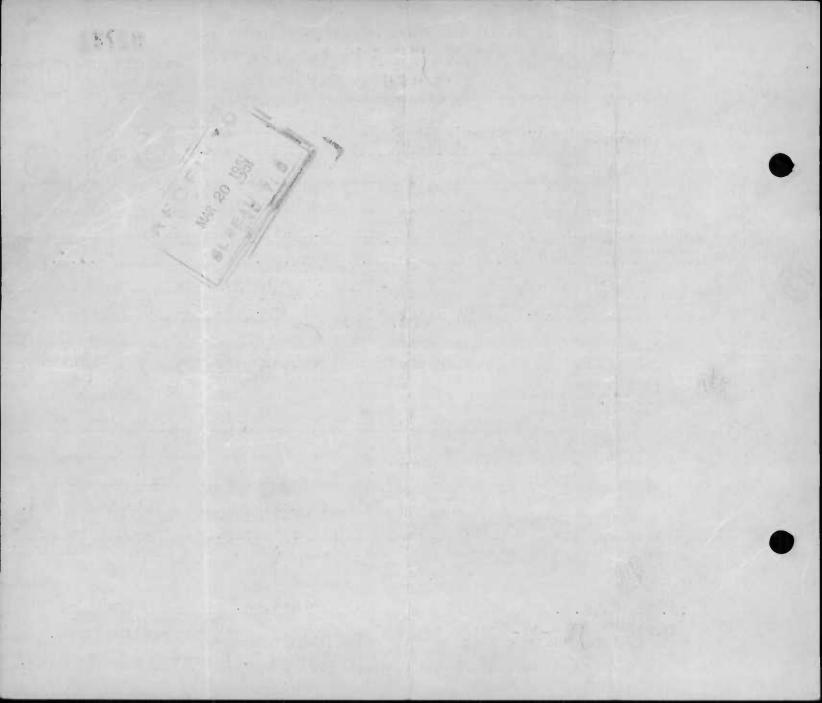
02171

FOR MEDICAL EXAMINERS Reg. Dist. No .. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY Allegany
CITY (If outside corporate limits, write RURAL and MARYLAND CITY (If outside corporate limits, write RURAL and give hearest town) LENGTH OF STAY TOWN Rawlings 9 vrs place) Rawlings TOWN HOSPITAL OR STREET (If rural, give location) Institution or Died in State Postreet addressambulance on way Police ADDRESS y to Memoria (Middle) Hospital (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) Elmer Fredrick Shuck DEATH March 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | If under | year | If under 24 hrs | Months | Days | Hours | Min. white Oct. 28-1922 male (Specify)married 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)

laborer twisting Dept Celanese

13. FATHER'S NAME COUNTRY? Pinto.Md. Guy Elmer Shuck Bertha M.Lease 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes. no, or unknown) (If yes, give war or dates of Ves service) Mrs.E.F. Shuck, Rawlings Md. 218-12-5937 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH S DOUT (B) Fractured cervical vetebrae (broken neck) 10 min Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 1860 stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY FOR CONTRIBUTING # CAUSE OF DEATH. OF office bldg., etc.) Darn at INJURY home HOW DID INJURY OCCUR? In barn, throwing down TIME (Month) (Day) (Year bour INJURY OCCURRED While at Not while INJURY March 8/51-3 Pm. work & at work | straw misster fell through hole fel

22. I certify that I took charge of the remains described above, held an Autopsy |, Inspection * |, Inquiry * thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes , accident #, suicide , homicide , undetermined ... SIGNATURE (Degree or title) ADDRESS DATE SIGNED March 8-1951 / Cumberland.Md. Emma Deming TAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMILYAL (Specify) Biers Cemetery Near Rawlings, Md DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Charles L. George Cumberland, Md.



name: Dr. Weisman's letter filmed 3/14/57 G131-L

Culside

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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The said to the said - the	0	MARYLAND STATE DEPARTMENT OF HEALTH	G
City	er age	2411 N. Charles Street, Baltimore	
(NI	00	CERTIFICATE OF DEATH Reg. Dist. No	4
The second second	e/	1. PLACE OF DEATH- COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY MARYLAND STATE Maryland COUNTY	egany egany
	ibly.	OR give paregrown Umberland (in this place) TOWN CITY (If outside corporate limits, write RURAL and give paregrown) Umberland (in this place) TOWN CITY (If outside corporate limits, write RURAL and give paregrown) Umberland (in this place) TOWN	e nearest town)
	n care	HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 3, Among Street Address Route 3, and Marie Street Route 3, and Marie	e Road
	death clearly and legibly.	3. NAME OF (First) (Middle) (Last) (Last) OF (Month) OF (Type or Print) Charles (Month) OF DEATH March	(Day) (Year)
	th cle	6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birtbday If under Wildow Specify) 100 Wed. Oct 31 1856 94 yrs. Months	Days Hours Min.
ING.	of dea	drie during most of working life even if retired) Integrating Route 3, Cumberland, Md.	COUNTRY USA
BINDING	every item ne causes of d	HenryPeter Smouse Elizabeth Neff	34
24	y eve	15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. Albert mouse, Cumberland,	Md.
VED	K. Supply ase write th	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Hear Failure	INTERVAL BETWEEN ONSET AND DEATE
MARGIN RESI	JNFADING INK. Physicians: please	Antecedent cause (a) Hear Failure Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	34,
MAR	Phy	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
	rtant.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No P
	WITH U	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.) PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY (CITY OR TOWN) (COUNTY)	(STATE)
	PLAINLY s especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	
	PLA is espe	22. I hereby certify that I attended the deceased from	
	WRITE	alive on Feb 13, 1951, and that death occurred at 10: 05 a.m., from the causes and on the date st SIGNATURE (Degree or title) ADDRESS OLIVERY OLIVERY ADDRESS	DATE SIGNED
		23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or coun REMOVAL (Specify) Mar 8 1951 Zion Memorial Cemetery Cumberland, M	a.
S. AI	PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (William H. Kight, Cumberl	and, ad.

1961 ET BUM

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	iseg. Dist. N	V•
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Allegany MARYLAND	STATE Md Filegany COUNT	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	ve nearest town)
OR give nearest town) TOWN (in this place)	TOWN Mt. Savage	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Yellow Pow	ADDRESS Yellow Pow	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Catherine 5	nyder DEATH March	18 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 3.79/6	S. DATE OF BIRTH 9. AGE last birthday If under Months 10, 1864 86 yrs.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BURNESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY HOUSE WITE OWN HOME		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0311
John A. Snyder	Mary Hostetler	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Frank Snyder, Mt. Savage	. Md.
18. MEDICAL CEI		
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Mitral Sturs	"SIG	Q. monch
11111		
Antecedent cause(s) Moderate Aux	in trusion & arterio Schoosis	5 Mears.
1) (siving rise to the shove cause		5 440
stating the underlying cause last	onchial as Thua	10/9 -
(6)		ronga
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		
198. DATE OF OFERALION 198. MAJOR FINDINGS OF OFERALION		20. AUTOPSY?
ACCIDENTE (Parille) DIACE (Harry form fortunal)	(CITY OF HOWEL)	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
Tayur a	22 46 March 16th 51	
22. I hereby certify that I attended the deceased from.		aw the deceased
alive on March 16, 19.51, and that death occurred at 4. SIGNATURE: (Degree or title)	1/5 12 m from the seurce and on the date at	atad abava
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	_	100-
	Axavage, Ind. Man	en 19-1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	(State)
Durial Viar at, 1951 Viet 150131		Md.
DATE REC'D BY LOCAL HEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 20, 1951 Perones my semile	to he for few Countrilas	ed Teld.

The correct PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

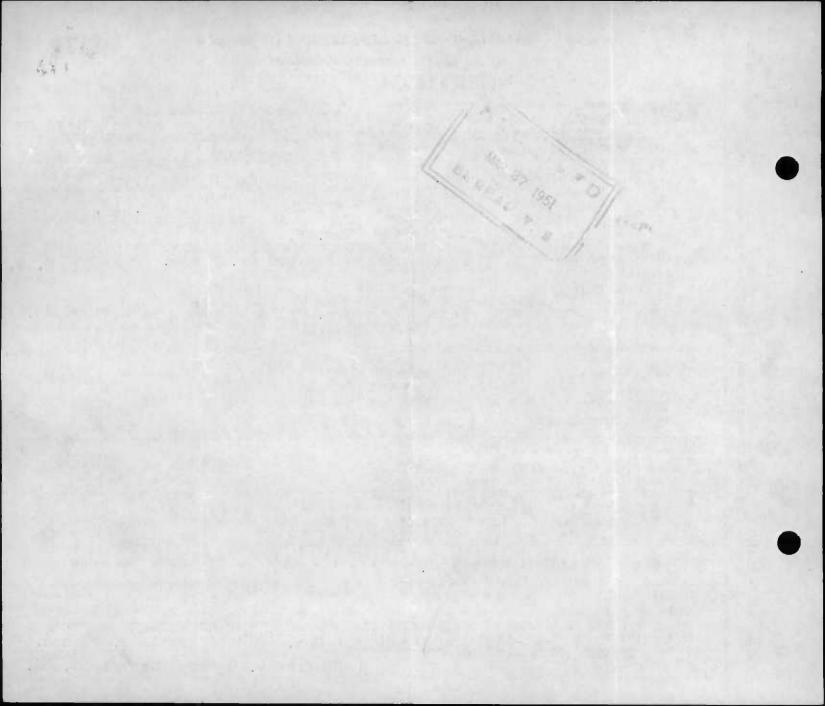
2411 N. Charles Street, Baitimore

02174

	carefully d legibly.
	nformation h clearly an
MARGIN RESERVED FOR BINDING	TE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RES	WITH UNFADING IN mportant. Physicians: pl
	TE PLAINLY, is especially in

PLEASE WRI

CERTIFICAT	E OF DEATH Reg. Dist. No. 4				
I. PLACE OF DEATH- COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Pllegany				
CITY (if outside corporate limits, write RURAL and OR give nearest town) Cumberland, (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,				
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosp.	STREET (If rural, give location) ADDRESS 222 Glenn St.				
3. NAME OF (First) (Middle) DECEASED (Type or Print) GEORGE HENRY	SPENCER 4. DATE (Month) (Day) (Year) OF DEATH Mar. 18, 1951				
Male White The Specify Married (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Aug. 15, 1888 62 yrs. Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on dene during most of working life even if retired) INDUSTRY TIME WORK	Bedfprd Co. Penna. 12. CITIZEN OF WHAT COUNTEY? U. S.				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (11 yes, give war or dates of None service)	Mrs. Nelia Spencer Cumberland, Md.				
18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE				
Immediate cause (a) Cardiac fai	lux - pulmonon edema 3 days				
Antecedent cause(s) Diseases or conditions, if any, 2 legiving rise to the above cause	for hutral Valvoletes 50 years				
stating the underlying cause last (c) Janualie de II. OTHER SIGNIFICANT CONDITIONS	e to Cholelettinasis / week				
Conditions contributing to the death but not related to the disease or condition causing death.	maierated Inqueal bermal 2 days				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes P No D				
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., ctc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)				
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 23	19. to 18 hearly 19. that I last saw the deceased				
alive on					
	seem It weaked and Wo want 195%				
REMOVAL (Specify) 3-21-1951 Robinsonvi					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE M. D.	Charles L. George Cumberland, Md.				
	970116				



MARGIN RESERVED FOR BINDING

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DR. WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02175

Reg. Dist. No.

I. PLACE OF DEATH.	H & HUHAY BECHNEROW (HOLER) OF BECH CER		
COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.		
ALLEGANY MARYLAND	MARYLAND ALLEGANY		
CITY (If outside corporate limits, write RURAL and LENGTH OF S OR TOWN I COMBERT, AND MARYLAND 3in this color	CIMBERLAND, (11 outside corporate limits, write RURAL and give nearest town)		
HOSPITAL OR MEMORIAL HOSPITAL	CONTROL CONTRO		
INSTITUTION OR STREET ADDRESS CUMBERLAND, MD.	ADDRESS BOX 81, R.F.D. 1,		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
(Type or Print) BESSIE MAY	STARK DEATH MARCH 1 1951		
B. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under i year If under 24 hrs.		
FEMALE WHITE WIDOWED, DIVORCI	FEB 7, 1877 74 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) / INDUSTRY /			
done during most of working life, even if retired) Thousewife Housewife	CUMBERLAND MARYLAND CUNSTA.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
GEORGE REUSCHLEIN			
	SNYDER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no, or unknown) (If yes, give war or dates of service)	MEMORIAL HOS PITAL, CUMBERLAND, MD.		
	AL CERTIFICATION		
	INTERVAL BETWEEN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
Immediate cause (a) acute V	It went accordance to la		
4200 Immediate cause (a)	eff rayración factive le rosas		
Antecedent cause(s) Diseases or conditions, if any, (b)	andia Intantion blam		
giving rise to the above cause	400000000000000000000000000000000000000		
13 d stating the underlying cause last	10		
(c) Corona	my prougheceuses 16 years		
II. OTHER SIGNIFICANT CONDITIONS	0 0 11/2 1		
Conditions contributing to the death but not related to the disease or condition causing death.	onbroty Hrs I Vhream 6 95		
198. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY?		
	Yes No		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, suitcides SUICIDE OF office bldg, etc.)	treet, (CITY OR TOWN) (COUNTY) (STATE)		
HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not While INJURY m. Work At work			
INJUNI III. 1 WOIR NEWOIR			
22. I hereby certify that I attended the deceased from hua	, 19 , to ceased , 19 , that I last saw the deceased		
alive on 1951, and that death occurred	at 140 m., from the causes and on the date stated above.		
SIGNATURI: (Degree or title)	ADDRESS DATE SIGNED		
	DATE SIGNED		
Thville ly weesme Mis 3	9/ Freen A Cumberland 3/2/5,		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEN	METERY OR CREMATORY LOCATION (City, town, or county) (State)		
REMOVAL (Specify) 3/3/1951 Rose	Likk Cemetery Cumberhand Moselal		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
7/859. 1/12 10 51 /18 into 1 tour to 11			
11 chow 2,17 of Want V. Grank, 11.	A. Louis Stein Ine Jumber Land Ad		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02176

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUN	TY		
CITY (If outside corporate limits, write RUR. OR glvo nearest town)	(in this place)	CITY (If outside corporate limits, write RURAL and	give nearest town)		
TOWN TaVale HOSPITAL OR INSTITUTION OR	I5 yrs.	TOWN LaVale STREET (If rural, give location)			
STREET ADDRESS 48 Lavale	Blvd.	ADDRESS 48 LaVale Blvd.			
S. NAME OF (First) DECEASED (Type or Print) Nary	(Middle)	(Last) 4. DATE (Month) OF DEATH 3	(Day) (Year)		
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) WIGOWED	8. DATE OF BIRTH 9. AGE last birthday If und	28 19 5 Ter 1 year Hours Min.		
Female White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
HOUSEWOPK 13. FATHER'S NAME	Own Home	Mt. Savage, Md.	USA		
Daniel Ed		Elizabeth - anknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, 1990) unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
Joseph	18. MEDICAL CE	James Stevens, LaVale, Md.			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE		
Immediate cause (a)	prough opul	um ouia			
450, O Antecedent cause(s)	old a so	anderiosoler oxis	more and the tre transmission of the second service of the second second service of the second		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	noinge, l	vivi other of			
(e) II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing deat					
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION		20. AUTOPSY?		
21. ACCIDENT (Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT)	Yes No (STATE)		
SUICIDE OF INJU			, (,		
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED Whlle at Not Whlle Work At work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the	deceased from hum	, 19 4 2 to 3/2 g, 19 57, that I last	saw the deceased		
alive on 2/27, and that death occurred at 1.2					
alisal	ell Porily	3 14. D. 55 green 1.	DATE SIGNED 3/30/2		
23. BURIAL, CREMATION DATE THEREOREMOVAL (Specify) 3-3I-I9		Mem. Park Frostburg			
DATE RECO BY LOCAL REGISTRAR'S		24. FUNERAL DIRECTOR Fros	Md. stburg, Md.		

1951 PARC 8

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VS. A15

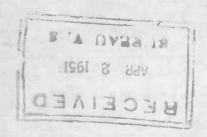
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

De Davie

CERTIFICATE OF DEATH

1. PLACE OF DEATH	Allegany	MARYLAND	2. USUAL RESIDENCE (E STATE Maryl	and	COUNT	Allegany
CITY (If outside e OR give nearest TOWN	roporate limita, write RURA (town) Frostbur		tburg		ve nearest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRE			STREET ADDRESS Rt.	(If rural, p	give location)	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	ELMER	LEROY	STOTT	OF DEATH	March	26, 1951
s. sex male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	12-30-1950	9. AGE last birt	yra. If nuder Months.	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Frostburg		12	COUNTRY? USA
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN		-	
	ner Stott		Elizabet	h Harris	3	
15. WAS DECRASED E (Yes, no, or unknown)	VHE IN U.S. ARMED FORCES! (If year, give war or dates o service)	16. Social Security No.	17. INFORMANT AND Elmer Stot		burg,	Md.
I. DISEASES OR CO	ONDITIONS DIRECTLY	extification and lobor.	bilate	val	INTERVAL BETWEEN ONSET AND DEATH	
Anteceder Diseases or giving rise t stating the terms.	eonditions, if any, (b)	acute	pper seaper	story &	Duffetión	78 lus
Conditions contribu	uting to the death but not use or condition causing death					
	RATION 196. MAJOR P				20. AUTOPSY?	
						Yes No M
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT		
22. I hereby cert	ify that I attended the	deceased from 23 MM	rly 195/, to 26	ranky 51,	that I last s	aw the deceased
alive on 2 6 March, 19 51, and that death occurred at 4 99, m, from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED						
John	~ 15. No	vio, MD.	Troslew	ng m	d-	3 /27/51-
23. BURIAL, CREM REMOVAL (Spe BUT 1 a	3-28-19	51 Percy Cem	etery	CATION (City Frost)		d.
DATE REC'D BY		SIGNATURE A	24. FUNERAL DIRECTO	R		ADDRESS
REG. 3-28-	51 Aug. 16	wey A los	J. R. Durs	t, Fr	costbur	g, Md.



CERTIFICATE OF DEATH

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W.LLLE corpo	DR. DURRETT MARYLAND STATE DEPARTMENT OF HEALTH	
	2411 N. Charles Street, Baltimore ()217	8
Correct	CERTIFICATE OF DEATH Reg. Dist. No.	· 4
The	1. PLACE OF DEATH- COUNTY ALIEGANY MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARYLAND COUNTY	YALIEGANY
ion carefully.	CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and given the corporate limits and	
n care	HOSPITAL OR INSTITUTION OR MEMORIAL HOSPITAL, CUMBERIAND, ME. ADDRESS 231 BEDRORD STREET STREET ADDRESS 231 BEDRORD STREET	
(G of information leath clearly an	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED (Type or Print) EMILY B. TWIGG DEATH MARCH 7	(Day) (Year) 1951
infort th cle	FEMALE 6. COLOR OR RACE WHITE 7. SINGLE, MARRIED, WIDOWED, DIVERSED 8. DATE OF BIRTH MAY 2 9. AGE last birthday If under Months yrs.	l year ill under 24 hr
BINDING ry item of	Sales Lady Dert Store MARYLAND	COUNTRY OF WHAT
OR BINDIN every item he causes of d	MICHAEL TWIGG AMANDA	
E NE	15. Was Obcrased Ever In U.S. Armed Forces? (Yes, no. organization) (If yes, give war or dates of 220-07-6246 mrs Denych (Important)	
(C), (I)	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
RESERVED INK. Supp	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH [20 11 Immediate cause (a) Create Myslogenous Lenformie	ONBET AND DEATH
ple	Antecedent cause(s)	
MARGIN R UNFADING	740 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	. Of the first of a summary and the second
AD	(c)	
MA CONF	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
tan	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
r, WITH U	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.) (CITY OR TOWN) (COUNTY)	Yes No (STATE)
PLAINLY s especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	
PLA1 s espe	22. I hereby certify that I attended the deceased from 200 6, 195, to 200 7, 195, that I last se	
WRITE	alive on 7, 195, and that death occurred at 4:00 P. m., from the causes and on the date str	ated above.
	23. DURIAL CREMATION DATE THEREOF NAME OF GEMETERY OR CREMATORY LOCATION (City, lower of country)	(State)
S. A15 PLEASE	DATE REG D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL PIRECTOR	ADDRESS
S. A	March 4, 19 1 Willet & Wanta M. a. James Street Inc.	

VS. A15



2411 N. Charles Street, Baltimore

02179

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Reg. Dist. No. "2

I. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY					
Allegany		Maryland					
CITY (If outside corporate limits, write OR give nearest town) TOWN Flintstone	CITY (II outside corpo OR TOWN	Flintsto		ve nearest	town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS	(If rural,	give location)		
3. NAME OF (First)		(Middle)	(Last)	1 4. DATE	(Month)	(Day)	(Year)
(Type or Print) Loren	20	Cecil	Twigg	OF DEATH	March	27	19 51
6. COLOR OR R.	ACE 7. SINC	LE, MARRIED, WED, DIVORCED,	8. DATE OF BIRTH 4/11/1871	9. AGE last biz	thday If under Months		f under 24 hrs. Iours Min.
10a. USUAL OCCUPATION (Give kind of done during most of working life, even if rearmer	of work 10b. K etired) INDUST	IND OF BUSINESS OR	if. BIRTHPLACE (State	or foreign country		2. CITIZEN COUNTRY USA	OF WHAT
13. FATHER'S NAME		III Fath	14. MOTHER'S MAIDER	NAME		USA	
Charles ". Tw	rigg		Susan?				
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. Sc	CIAL SECURITY No.		ADDRESS			
(Yes, no, or unknown) (if yes, give war or service)	dates of	none	Dayton Twigg,	Cumberla	nd, Md.		
		18. MEDICAL C				1	
I. DISEASES OR CONDITIONS DIRE	CTLY LEADIN	G TO DEATH					AND DEATH
Y	Coror	ary Thrombo	sis			su	dden
120. Immediate cause	(A)				1010		***************************************
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		cardio vascular	disease	700 *** * * * * * * * * * * * * * * * *	5	years	
11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death by related to the disease or condition causi	ut not						
19a. DATE OF OPERATION 19b. M.		S OF OPERATION				20. AU	TOPSY?
						Yes [□ No □
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Hom OF office b	e, farm, factory, street idg., etc.)	(CITY OR	TOWN)	(COUNTY		TATE)
TIME (Month) (Day) (Year) (H	Hour) INJUR	YOCCURRED	HOW DID INJURY OC	CUR?			
OF INJURY	m. While at Work						
22. I hereby certify that I attend alive on Mar. 10, 19.5 SIGNATURE				1 1 1 1 1		ated abo	
(layl-05	with	M.D.	Cumberland. M	d.		3/	27/51
DEMOVAL (Specify)	HEREOF	NAME OF CEMET	ERY OR CREMATORY	LOCATION (CI	y, town, or coun	ty)	(State)
DATE REC'D BY LOCAL LEEGIST	51 RAR'S SIGNAT	Methodist (Lemetery 24. FUNERAL DIRECTO	OP 01	dtown, M	ADDI	Pec
REG,	Bend		William H.	Eight C	mbale	sal >	nel
						290	2116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

evidence for change in #9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

02180

on:		2411	N. Charles Su	reet, Ba	litimore	
131 MAR	191	95CERTI	FICATE	OF	DEA	TH

Reg. Dist. No.....

Company of the Compan						
1. PLACE OF DEAT COUNTY Alle	gany	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED Allegenty			
TOWN TO TOWN	town g, Md	AL and LENGTH OF STAY (in This place)	OR Frostbu	rte limite, write RURA	L and give nearest town)	
HOSPITAL OR INSTITUTION O' STREET ADDRE	R SS 163 E. Mai	n St.	STREET ADDRESS 63 E.	Main St. F	rostburg, "d.	
3. NAME OF DECEASED (Type or Print)	(First) Saveria	(Middle)	(Last) Via	4. DATE (MCOF BEATH	712/51 (Pay) (Year)	
F. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWELL DIVERCED, (Specify)	s. Date of Birth	9. AGE last birthday	If under 1 year If under 24 hrs Months Days Hours Min.	
House Wif	ATION (Give kind of work yorking life, even if retired) E	10b. KIND OF BUSINESS OR INDUSTRY	Celico Ital		12. CITIZEN OF WHAT	
Phillip	Sicoli		Carmelia Carmelia	(coma)		
15. Was Decrased E (Yes, not or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates service)	? 16. SOCIAL SECURITY NO. None	Frank Via I	Abbress O 63 E. Main	St. Frostburg	
		18. MEDICAL CE	RTIFICATION		1-	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
		leasto N. Sin	10:0-11:		malees	
Immediat	e cause (a)	were caracie	nu aración	## + + + + + + + + + + + + + + + + + +		
260 * Anteceder	nt cause(s)	16. the			- 11 00 1.1	
Diseases or	conditions, if any, (b)	ryperensio-		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 y euro	
	o the above cause inderlying cause last	Diaketes			Several	
Conditions contribu	CANT CONDITIONS uting to the death but not see or condition causing deat	h.				
		FINDINGS OF OPERATION			Yes No.	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	rown) (C	OUNTY) (STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
		1/1/11	1 . ma.	111 . 57		
22. I hereby cert	ify that I attended the	e deceased from	, 19, to fffas.		I last saw the deceased	
alive on.	us //, 199, an	d that death occurred at 2. (Degree or title)	ADDRESS, from the	causes and on the	date stated above. DATE SIGNED	
wom	Kare	M 20 +	nosthing	md	Mar 2195%	
BUREMOVAL (Spec	ATION DATE THEREOUSLY) 3/15/5]		l's Cem	Frostburg		
DATE REC'D BY		SIGNATURE N. POP	24. FUNERAL DIRECTO	rpolli Cum	berland, Md.	



2411 N. Charles Street, Baltimore

02181

CERTIFICAT	TE OF DEATH Reg. Dist. No. 4
I. PLACE OF DEATH- COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STAWEST VIRGINIA MINERAL
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CUMBERTAND HOSPITAL OR	OR TOWN KIDGLEY STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL	ADDRESS ROUTE #1
3. NAME OF DECEASED (Type or Print) BABY BOY & LOW AGNER	(Last) 4. DATE (Month) (Day) (Yer) OF MARCH 1 1951
male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, STINGLE, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr Hours Min Yrs. S. DATE OF BIRTH 1. S. DATE OF
10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired) 10b. Kind of Business or Industry	MARYLAND, www.scand County's County's S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WAGNER JOHNN F 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) (11 yes, give wnr or dates of service) WAGNER JOHNN F 16. SOCIAL SECURITY No.	NIEMANN, ELIZABETH 17. INFORMANT, AND ADDRESS Tal
In DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	INTERVAL BETWEEN ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
SIGNATURE Holges Cumber	ADDRESS RY OR CREMATORY LOCATION (City, town, or county) (State)
March 2, 1951 (Marter K. Tranto M. D.	Manufial Nord Cum horland Ald

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefi is especially important. Physicians: please write the causes of death clearly and legil MARGIN RESERVED FOR BINDING

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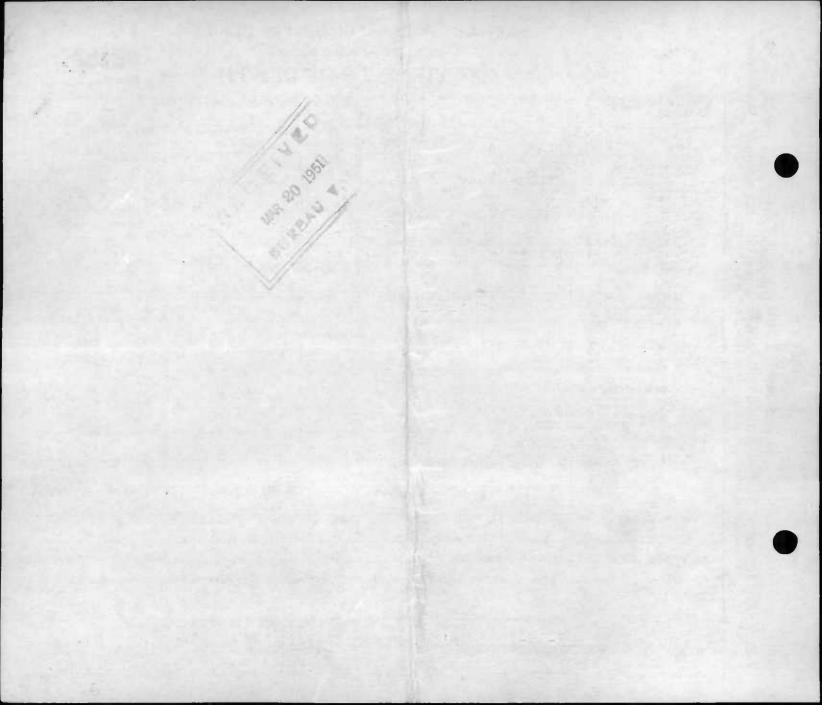
MAR 5 1951 BUREAU V. S

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02182 9
Reg. Dist. No.

I. PLACE OF DEATH-		1	2. USUAL RESIDENCE	E (HOME) OF D	ECEASED.		
	legany	MARYLAND	STATE Mai	rvland	COUNTY	Allegany	
CITY (If outside corporate lin	nite, write RURAL	and LENGTH OF STAY	CITY (If outside cor		e RURAL and give		
OB wine recent town)	Frostburg	(in this place)	TOWN Fro	ostburg			
HOSPITAL OR			STREET	(If rura	l, give location)		
INSTITUTION OR STREET ADDRESS	30 Washin		ADDRESS 30	Washingt			
	First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)	
(Type or Print) HERI	MAN		WAGNER	DEATH	March	12, 1951	
5. SEX 6. COLO	R OR RACE 7.	SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last b		year II under 24 hrs.	
male whi		WIDOWED, DIVORCED, (SpecifyMarried	4-26-1874	76	yra.	Days Hours Min.	
10a. USUAL OCCUPATION (G	ive kind of work 1	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign count	ry) 12.	CITIZEN OF WHAT	
done during most of vorking life. Tetired janit	or C	elanese plant	Elizabeth.			CITIZEN OF WHAT	
13. FATHER'S NAME	172-1-1-1		14. MOTHER'S MAID				
Adam Wagner	r			rine Lapp	0		
15. WAS DECRASED EVER IN U.S. (Yes, no, or unknown) (If year, g	ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT AN		-		
(1 es, no, or unknown) (11 year, a)	241-07-3557	Mrs. James	Elias,	Frostbur	g, Md.	
I. DISEASES OR CONDITION Immediate cause 20. Antecedent cause(3 & Diseases or conditions, giving rise to the above stating the underlying of the conditions contributing to the related to the disease or conditions conditions contributing to the related to the disease or conditions.	(a)(S) if any, (b) e cause last (c) ONDITIONS e death but not lition causing death.	Coronary Le Mys	acclus			INTERVAL BETWEEN ONSET AND DEATH Suddles. H Jens	
19a. DATE OF OPERATION	19b. MAJOR FIN	NDINGS OF OPERATION				20. AUTOPSY1	
CONTRACTOR (CIII	DI ACE	(Home form factory street	(CITY O	R TOWN)	(COUNTY)	Yes No No (STATE)	
21. ACCIDENT (Specify SUICIDE HOMICIDE	OF INJUR	C (Home, farm, factory, street, office hidg., etc.)	(CITY O	K IOWN)	(COUNTY)	(STATE)/	
TIME (Month) (Day) (NJURY OCCURRED	HOW DID INJURY	OCCUR?			
OF INJURY		Vhile at Not While Work □ At work □					
22. I hereby certify that I attended the deceased from							
2 12 -01	pure.	my 1. WE	0 . 1t . Dt	1100	. LOBODUL B	7.10.0	
					~7/7	D	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

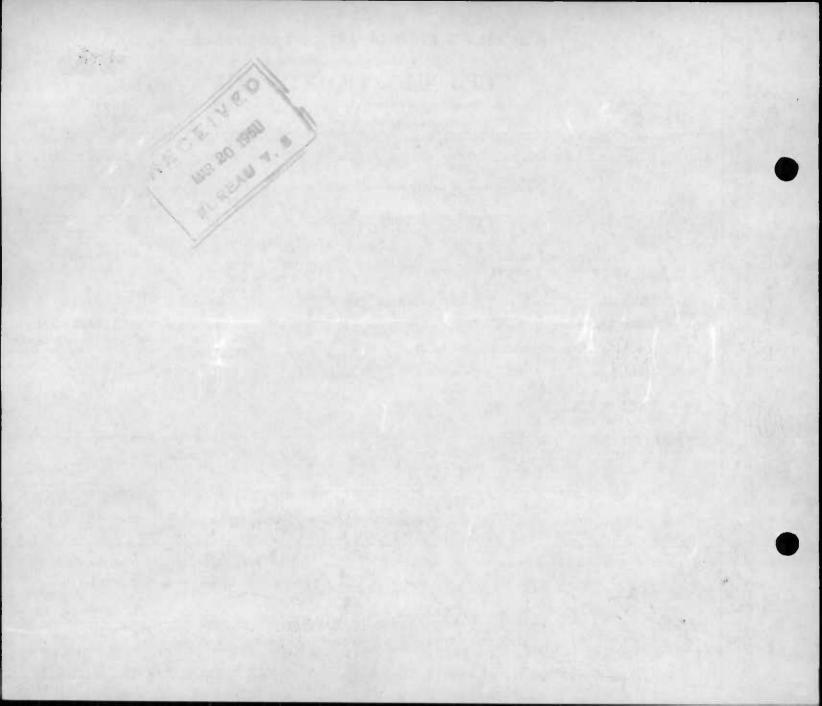
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Hie gany MARYLAND	STATE Md Allegany	· X
CITY (If outside corporate fimits, write RURAL and LENGTH OF STAY OR give nearest town) / (in this place)	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
OR give nearest town) TOWN Cum Ger and (in this place)	TOWN Mt, Savage	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Harvey William W	hitacve DEATH March	(Day) (Year) 14 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specily) Married	8. DATE OF BIRTH 9. AGE last birthday II under Months Aug. 76, 1888 67 yrs.	I year If under 24 hrs. Days Hours Min.
The IISHAL OF HISTORIAN GROWN RING OF WORK LINE, KIND OF HISTORIAN OR	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY Boiler house fire man Allegany Hospital 13. FATHER'S NAME	Little Cacapon, W.Va	USH
_ , , , , , , ,	14. MOTHER'S MAIDEN NAME	
Jacob W. Whitaere	Emily Seaton	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
₩o service)	Mrs. Bessie Whitacre Mt. Sar	oge, Md.
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 11	INTERVAL BETWEEN ONSET AND DEATH
$\mathcal{D} \cap \mathcal{C}$	0 2/	2
Immediate cause (a) . Cerebra	1 Hunselley	Suras
75 IV Antogodont course(s)	'	
33 / Antecedent cause(s) Diseases or conditions, if any, (b)	ellos '	2n3 400
giving rise to the above cause stating the underlying cause last		
acating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS	1/	1
Conditions contributing to the death but not related to the disease or condition causing death.	Denne les is	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 occupation	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	Yes No (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY) (SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from Day	, 195 D, to March 14 1957, that I last	saw the deceased
alive on March 13 10 11 and that death accounted at	3.300 m from the source and on the date of	total sham
alive on Manual 13, 1957, and that death occurred at SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Hollen Murray Md	emelut flex	March 14/0
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	The state of the s	nty) (State)
Buria March 17, 1951 Mt. Savage Me	thodist Comotory Mt. Sarage	Md.
DATE REG'D BY LOCAL BEGESTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 16, 195 1 X/ Juntes K. March. M. L.	John J. Hope Enducte	claud Teld.
		00010
		80807



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1)2184

Reg. Dist. No.

I. PLACE OF DEATH.	2. USIJAL RESIDENCE/(HOME) OF DECEASED.	
COUNTY Cheaund MARYLAND	STATE Zyd. acquiry	an men
CITY (If outside corporate limits, with RURAL and LENGTH OF STAY give nearest town) TOWN	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Front Ca.	STREET (It risk rive location) ADDRESS) 5 4 (It risk rive location)	
3. NAME OF DECEASED (First) (Middle)	Volume OF DEATH	(Day) (Year)
Type or Print) 5. SEX COLOR OR BACE 7. SINGLE, MARRIED, WIDOWDD, DIVORCED, (Specify Lawred)	8. DATE OF BIRTH 9. AGE last birthday If under 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY	BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME Won. N. Grano	14. MOTHER'S MAIDEN NAME	7-10-9
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	My Vainer Carrenter Fr	Front and
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ,		ONSET AND DEATH
Immediate cause (a) Caccenon	raloses	3 mo
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause	ma of fection	6 years
stating the underlying cause last (c)		6
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No VZ
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	o, 19 to MON 10, 18 , that I last say	w the deceased
alive on 1944 and that death occurred at		ted above.
wom fare my f	ostking md man	1/2/201
REMOVAL (Specify) 3 - 13-1951 Frosting	HEY OR CREMATORY LOCATION (City town, or county)	Ind.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cacob Hales. Frestl	ADDRESS .
	- Jacob - Jaco	



correct

The

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

02185

FOR MEDICAL	Reg. Dist. N	T	
1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.		
Allegany	W.Va. Mineral		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)	
TOWN Cumberland 18 hrs.	Town Rural) Keyser		
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)		
STREET ADDRESS Memorial Hospital	ADDRESS Route #2 Box 97		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)	
DECEASED (Type or Print) Joune tia	OF		
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED	1.8 DATE OF BIRTH 1.9 ACE last bisthday I If under	18 195	
female white WIDOWED, DIVORCED A	May 6-1926 24 yrs. Months	Days Hours Min	
I IVA. USUAL OCCUPATION (Give kind of work) 10h - Krup on Duguings on		2. CITIZEN OF WHA	
done during most of working life, even if retired Linustry Home		COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U.S.A.	
Leslie Phillips	Anna Brown		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL STRUMEN NO.	17. INFORMANT AND ADDRESS		
(Yes, no, or unknown) (If yes, give war or dates of service)			
18. MEDICAL CE			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE	
STATE OF SOME PROPERTY OF THE PERSON OF THE		ONSET AND DEATH	
Immediate cause (a) Intrathoracic h	emorrhage due to	19 hrs	
I Y A K	The second secon	or I was on to see on access some deal of the aff	
Antecedent cause(s) Diseases or conditions, if any, (b) fractured ribs.	right side of chest.		
17/) c Riving rise to the above cause			
stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS	sema.right arm & chest.		
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?	
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	2 mile (CITY OR TOWN) & Cha (COUNTY	Yes No W	
PRIMARY # OR CONTRIBUTING # OF office bldg atc.) 7022 700 7	Similes nor of photo dal	y W.O.V.CLO	
CAUSE OF DEATH. INJURY HIGHWAY TIME (Month) (Day) (Year) (Hough) INJURY OCCURRED OF While at Not while		nineral Co	
	2200-1010	road, went	
	down an embankment & hit a		
22. I certify that I took charge of the remains described above, held an A	lutopsy, Inspection 🔀, Inquiry 🕇 thereon and	from the evidence	
outlinea by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above and death in my	opinion resulted	
from: naturol causes , accident *, suicide , homicide , SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED	
1/1/		DATE BIGHED	
	berland, Md. March	19-1951	
	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)	
BOUNCAL "Sprally) 3-21-5x Brown Mi	emorial fumberland	. Mid	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24/FUNERAL DIRECTOR	ADDRESS	
March 20.19. TIMenses K. Manto M. D.	Mollander I Denna Beaul	land bed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

